



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND

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1. Entity ID Number 000081744		2. Exact name of the Corporation CAD Tech, Inc.			
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island Providing architectural stonework design and similar such services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Larsh, Jr.			Vice-President Name Same		
Street Address 3 Summit Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Same as above			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative ROBERT A. LARSH JR				Date 1/21/2020	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY *CM* *CK* 2241 FORM 630 - Revised: 10/2017

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