



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 152791		2. Exact name of the Corporation Technology Without Limits, Inc.			
3. Principal Office Address 57 Service Road			City West Warwick	State RI	Zip 02893
4. NAICS Code 425120		6. Brief description of the character of business conducted in Rhode Island Consulting and wholesale trade			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John F. Lopez Jr.			Vice-President Name Sandra A. Lopez		
Street Address 57 Service Road			Street Address 57 Service Road		
City West Warwick	State R.I.	Zip 02893	City West Warwick	State R.I.	Zip 02893
Secretary Name Sandra A. Lopez			Treasurer Name John F. Lopez Jr.		
Street Address 57 Service Road			Street Address 57 Service Road		
City West Warwick	State R.I.	Zip 02893	City West Warwick	State R.I.	Zip 02893
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		10,000.00	CWP	\$0.01	
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 John F. Lopez Jr.				Date 1-28-2020	
Signature of Authorized Representative 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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FORM 630 - Revised: 10/2017