



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.

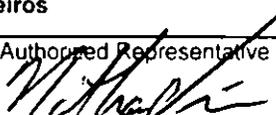
FILED

OCT 30 2020

STAMP

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FOR

1. Entity ID Number 550840		2. Exact name of the Corporation ThinkTech Computers, Inc.			
3. Principal Office Address 17 Arsene Way			City Fairhaven	State MA	Zip 02719
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Computer Support			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nathan Viveiros			Vice-President Name Nathan Viveiros		
Street Address 17 Arsene Way			Street Address 17 Arsene Way		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA	Zip 02719
Secretary Name Nathan Viveiros			Treasurer Name Nathan Viveiros		
Street Address 17 Arsene Way			Street Address 17 Arsene Way		
City Fairhaven	State MA	Zip 02719	City Fairhaven	State MA	Zip 02719
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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			10. Shares Issued 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.			NUMBER OF SHARES 2000		CLASS/SERIES CWP
					PAR VALUE \$.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 Nathan Viveiros					Date 10/21/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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