RI SOS Filing Number: 202185939470 Date: 1/11/2021 4:00:00 PM

State of Rhode Isla Department of		FILED		
Annual Report for the year: Corporation		2021	JAN 1 1 2021	
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			8Y	
1. Entity ID Number 152791		kact name of the Corporation chnology Without Limits, Inc.		

Entity ID Number	2. Exact name of the Corporation									
152791	Technolo	Technology Without Limits, Inc.								
3. Principal Office Address			City	•	State	Zip				
57 Service Road			West Warw	lck	RI	02893				
5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island Consulting and wholesale trade									
R.I.	R.I.									
7. List ALL officers (names and a	iddresses)				ck the box to ind	icate an attachment 🔲				
President Name John F. Lopez J	Vice-President Name									
Street Address 57 Service Road	Street Address									
City West Warwick	State R.I.	^{Zip} 02893	City		State	Zıp				
Secretary Name			Treasurer Name							
Street Address			Street Address							
City	State	Zip	City		State	Žip				
8. List ALL directors (names and	addresses)		 '	Che	ck the box to ind	icate an attachment				
Director Name none	Director Name	Director Name none								
Street Address	Street Address									
City	State	Zip	City	City		Zip				
Director Name			Director Name							
Street Address	Street Address									
City	State	Zip	City			Zip				
9. Shares Authorized		10. Shares Iss	ued Check the box to indicate an attachment □							
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER 0 10,000.00		CLASS/SERIES CWP		PAR VALUE				
		,								
11. This report must be executed	on hehalf of the	corporation by an	authorized repres	entative If the cor	moration is in the	hands of a receiver or				
trustee, this report must be exec	uted on behalf of	the corporation by	the receiver or tr	ustee.						
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 Representa				Date						
John F. Lopez Jr.		1-7-2021								
Signature of Authorized Represe	entative	SIGN DO	CUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov