RI SOS Filing Number: 202190004530 Date: 2/4/2021 4:00:00 PM

State of Rhode Isl Department	Division		-	म हिन्दू			
Annual Report for the Corporation	DIAIDIQII		_	FSTAMP			
→ Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2		of filed by April 1	_			STATE STATE	
Entity ID Number							
000038989	Z. Exact nam Tech Builde	ne of the Corporations	on				
3 Principal Office Address	reen bunde	18, 1110.					
41 Cedar Swamp Road			City Smithfield		State	Zıp	
4. NAICS Code					RI	02917	
236115			e character of business conducted in Rhode Island				
State of Incorporation	Residential :	Residential and commercial construction					
Rnode Island							
7 List ALL officers (names a	Check the box to indicate an attachment						
President Name Eric S. Anderson			Vice-President Name Erika Dean				
Street Address 66 Wauregan Road			Street Address 28 Worthington Road				
City Brooklyn	State CT	Zip 06234	City New London Sta		State CT	. Zıp 06320	
Secretary Name Lauric Oates			Treasurer Name Laura Anderson				
Street Address 120 Sandy Bro	Street Address 66 Wauregan Road						
City North Scituate	State RI	Zip 02857	City Brookly		State CT	Zip 06234	
List ALL directors (names Director Name	and addresses)				the box to i	ndicate an attachment	
Eric S. Anderson			Director Name				
Street Address 66 Wauregan	Street Address						
City Brooklyn	State CT	Žip 06234	City	<u> </u>	State	Zıp	
Director Name			Director Name				
Street Address			Street Address	s	_		
Ĉity	State	Zip	City		State	Zıp	
9. Shares Authorized	4	10. Shares Iss		Check	the box to in	ndicate an attachment 🔲	
This information is currently of record in the Department of State.		NUVBER OF	S-IARES	CLASS/SERIES	<u> </u>	PAR VALUE	
Changes require an additional fillng.		100		Common		No Par Value	
11. This report must be executrustee, this report must be o	uted on behalf of the	corporation by an a	uthorized repres	sentative. If the corpo	ration is in t	he hands of a receiver or	
Under penalty of perjury, I	declare and affirm th	ne corporation by i	tne receiver or tr ed this report, it	iistee			
statements, and that all sta Name of Authorized Represe	tements contained i	nerein are true an	d correct.				
Eric S. Anderson, President			FILED			Date 1/22/21	
Signature of Authorized Repri	esentative		FEBX 4 2	021		/ - 1	
			######################################	11.00			
MAIL TO: Division of Business Services		ву	141	HF F- 0		· · · · · · · · · · · · · · · · · · ·	
48 W. River Street, Providence, I	Rhode Island 02904-261	15		4:44			