RI SOS Filing Number: 202193300170 Date: 2/26/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
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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BUS SVCS DIV

2021 FEB 26 P 2:06

1. Entity ID Number	2. Exact name of the Corporation			
550840	**ThinkTech Computers, Inc.**			
3. Principal Office Address		City	State	Zip
17 Arsene Way		**Fairhaven**	**MA**	**02719**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541519	**Computer Support**			
5. State of Incorporation				
Massachusetts				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**2000**	**CWP**	**$.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	Date
Nathan Viveiros	01/28/21

Signature of Authorized Representative

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

FEB 26 2021
BY Ch 3327
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FORM 630 - Revised: 10/2017