



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED**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

MAR 26 2021

BY 4191

1. Entity ID Number 273238		2. Exact name of the Corporation Tech 911 Inc.			
3. Principal Office Address 1688 Post Rd			City Warwick	State RI	Zip 02888
4. NAICS Code 541519	6. Brief description of the character of business conducted in Rhode Island Computer sales and service.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Dias			Vice-President Name Keli Waite Dias		
Street Address 1688 Post Rd			Street Address 1688 Post Rd		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Christopher Dias			Treasurer Name Christopher Dias		
Street Address 1688 Post Rd			Street Address 1688 Post Rd		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Assistant Vice President: Bryan Leonard Goikhman			Director Name		
Street Address 1688 Post Rd			Street Address		
City Warwick	State RI	Zip 02888	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		
			CLASSIFRIES		
			PAR VALUE		
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 Christopher F. Dias					Date 3/1/21
Signature of Authorized Representative <i>[Signature]</i>					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

FORM 630 - Revised: 10/2017