RI SOS Filing Number: 202100423590 Date: 8/27/2021 12:07:00 PM

State of Rhode Island
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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2021 AUG 27 PM 12:06

1. Entity ID Number	2. Exact name of the Corporation		
000100533	Shoptech Industrial Software Corp.		
3. Principal Office Address	City	State	Zip
180 Glastonbury Blvd., Suite 303	Glastonbury	CT	06033
4. NAICS Code: 511210	6. Brief description of the character of business conducted in Rhode Island: TO ENGAGE IN THE BUSINESS OF DEVELOPING, DESIGNING, MANUFACTURING, SELLING AND MARKETING OF SOFTWARE AND RELATED PRODUCTS AND SERVICES.		
5. State of Incorporation: Rhode Island			

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

President Name: Trevor Gruenewald			Vice-President Name: Gordon Kushner		
Street Address: 4400 Alliance Gateway Freeway, Suite 154			Street Address: 4400 Alliance Gateway Freeway, Suite 154		
City: Fort Worth	State: TX	Zip: 76177	City: Fort Worth	State: TX	Zip: 76177
Secretary Name: Gordon Kushner			Treasurer Name: Sarah Hagan		
Street Address: 4400 Alliance Gateway Freeway, Suite 154			Street Address: 4400 Alliance Gateway Freeway, Suite 154		
City: Fort Worth	State: TX	Zip: 76177	City: Fort Worth	State: TX	Zip: 76177

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

Director Name: Trevor Gruenewald			Director Name:		
Street Address: 4400 Alliance Gateway Freeway, Suite 154			Street Address:		
City: Fort Worth	State: TX	Zip: 76177	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.	100	Common	$0.00

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
Gordon Kushner, Secretary	08/20/2021
Signature of Authorized Representative	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

AUG 27 2021 A.M. 12:07pm.
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FORM 630 - Revised: 08/2020