



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001746536

**2. Name of Corporation** TechForTeachers

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

**4. Principal Office Address**

No. and Street: 90 MAYFLOWER DR

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

PUBLIC SCHOOLS ARE UNDERFUNDED, ESPECIALLY WHEN IT COMES TO SOFTWARE.

EDUCATION SOFTWARE COMES AT A HIGH COST AND DOES NOT SATISFY THE SPECIFIC

TEACHING NEEDS OF DIFFERENT SCHOOLS. OUR GOAL IS TO CREATE PROGRAMS THAT

ARE TAILORED TOWARD SPECIFIC NEEDS AT NO COST. WE ALSO FIND THAT MANY YOUNG

PROGRAMMERS HAVE A DIFFICULT TIME FINDING MEANINGFUL PROJECTS TO BUILD THEIR KNOWLEDGE IN THE REAL WORLD. TO SUPPORT YOUNG PROGRAMMERS, WE WANT TO OFFER OPPORTUNITIES THAT SUPPLY THEM WITH EXPERIENCE IN REAL-WORLD SITUATIONS. THESE PROGRAMS SHALL LESSEN THE BURDEN ON TEACHERS SO THEY CAN FOCUS ON GIVING STUDENTS THE BEST LEARNING EXPERIENCE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRANDON SUN	90 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
SECRETARY	ZION SUN	90 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
CFO	CAYETANO SANCHEV IV	62 ELDREDGE AVE EAST GREENWICH, RI 02818 USA
INCORPORATOR	BRANDON SUN	90 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
CSO	MARA ANNA OANCEA	35 CAVELIER DR EAST GREENWICH, RI 02818 USA
DIRECTOR	BRANDON SUN	90 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
DIRECTOR	ZION SUN	90 MAYFLOWER DR EAST GREENWICH, RI 02818 USA
DIRECTOR	DEAN ABDULLAH GANGJI	45 WOODBRIDGE DR EAST GREENWICH, RI 02818 USA
DIRECTOR	CAYETANO SANCHEV IV	62 ELDREDGE AVE EAST GREENWICH, RI 02818 USA
DIRECTOR	MARA ANNA OANCEA	35 CAVELIER DR EAST GREENWICH, RI 02818 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LIN SUN 90 MAYFLOWER DR EAST GREENWICH , RI 02818

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of February, 2023 at 10:03:41 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is**

*that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRANDON SUN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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