



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 15 2023
544

1. Entity ID Number 000527664		2. Exact name of the Corporation Tarricone Rossi & Holmes Technologies, Inc.			
3. Principal Office Address 9 Dove Terrace			City Narragansett	State RI	Zip 02882
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Electronics and Software design and development			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name James Rossi			Vice-President Name James Rossi		
Street Address 9 Dove Terrace			Street Address 9 Dove Terrace		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name James Rossi			Treasurer Name James Rossi		
Street Address 9 Dove Terrace			Street Address 9 Dove Terrace		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name James Rossi			Director Name -		
Street Address 9 Dove Terrace			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		15000		CNP	\$0.01
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. <i>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.</i>					
Name of Authorized Representative James Rossi					Date 3/3/2023
Signature of Authorized Representative <i>J. Rossi</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov