



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 19 P 3:45

1. Entity ID Number 001743629		2. Exact name of the Corporation Top Tech Inc.										
3. Principal Office Address 1200 Bald Hill Rd		City Warwick	State RI									
		Zip 02886										
4. NAICS Code 811210	6. Brief description of the character of business conducted in Rhode Island Electronic and precision equipment repair and maintenance											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Kevin Lo		Vice-President Name Kevin Lo										
Street Address 1020 Bald Hill Road		Street Address 1020 Bald Hill Road										
City Warwick	State RI	City Warwick	State RI									
	Zip 02886		Zip 02886									
Secretary Name Kevin Lo		Treasurer Name Kevin Lo										
Street Address 1020 Bald Hill Road		Street Address 1020 Bald Hill Road										
City Warwick	State RI	City Warwick	State RI									
	Zip 02886		Zip 02886									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Kevin Lo		Director Name Kevin Lo										
Street Address 1020 Bald Hill Road		Street Address 1020 Bald Hill Road										
City Warwick	State RI	City Warwick	State RI									
	Zip 02886		Zip 02886									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000	CNP	No par										
Changes require an additional filing.												
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 Kevin Lo, Kevin		Date 01/23/2023										
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

APR 19 2023

3:46 BY ML C720G

FORM 630 - Revised: 11/2021



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 19, 2023 03:46 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

