



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

FEB 02 2024

BY

1905 OS

1. Entity ID Number 00714720		2. Exact name of the Corporation 2T Technology Inc.												
3. Principal Office Address 626 Park Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Speech Pathology												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Peter Erklauer			Vice-President Name Michael Smith											
Street Address 626 Park Avenue			Street Address 626 Park Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Michael Smith			Treasurer Name Peter Erklauer											
Street Address 626 Park Avenue			Street Address 626 Park Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Michael Smith			Director Name											
Street Address 626 Park Avenue			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	1000	Common	No Par Value			
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1000	Common	No 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 Peter Erklauer					Date 01/17/2024									
Signature of Authorized Representative PE														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov