RI SOS Filing Number: 202445561940 Date: 2/5/2024 11:14:00 AM

To the state of	

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2023

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1130142	TECHWALLET LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
541511	Custom Computer Programming Services					
5. State of Formation						
RI						
6. Principal Office Address	I	City	State	Žip		
7 CASTLETON DR		CRANSTON	RI	02921		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name SUPRIYA KAVALI		Contact Title MANAGING MEMBER				
Street Address 7 CASTLETO	N DR	CRANSTON	State RI	<sup>Zip</sup> 02921		
8. The Resident Agent information currently of record with the Rt Department of State is accurate. Changes require filing Form 642.						
9. 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 Person			Date			
SUPRIYA KAVALI			11/10/2023			
Signature of Authorized Person Supriyas Kavals 2 5 2024						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
FEB 0 5 2024
BYML HKHSC

11:14

Supriya Kavali

117/2024