



State of Rhode Island  
Department of State - Business Services Division

**FILED**

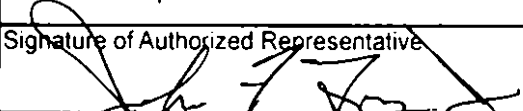
Annual Report for the year: **2024**

**FEB 12 2024**

Corporation \_\_\_\_\_

BY W. Lopez  
DS

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

1. Entity ID Number <b>000152791</b>		2. Exact name of the Corporation <b>Technology Without Limits, Inc.</b>			
3. Principal Office Address <b>57 Service Road</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>425120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Consulting &amp; Whole sale into jewelry manufacturing</b>			
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>John F. Lopez Jr.</b>			Vice-President Name <b>John F. Lopez Jr.</b>		
Street Address <b>57 Service Road</b>			Street Address <b>57 Service Road</b>		
City <b>West Warwick</b>	State <b>R.I.</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>R.I.</b>	Zip <b>02893</b>
Secretary Name <b>John F. Lopez Jr.</b>			Treasurer Name <b>John F. Lopez Jr.</b>		
Street Address <b>57 Service Road</b>			Street Address <b>57 Service Road</b>		
City <b>West Warwick</b>	State <b>R.I.</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>R.I.</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.  Changes require an additional filing.		<small>NUMBER OF SHARES</small>		<small>CLASS/SERIES</small>	
		<b>10,000</b>	<b>CWP</b>	<small>PAR VALUE</small> <b>0.01</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>John F. Lopez Jr.</b>				Date <b>2/1/24</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)