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

| Annual Report for the year: Corporation - | 202 | | BY FOR | | | | |
|--|---|---------------------|---|---|-------------------------|----------------------|--|
| Filing period: February 1 - May 1 Filing Fee: \$50.00 | | | FILED USE ONLY | | | | |
| Penalty: Additional \$25.00 f | ee if form is not filed by May 31. | | | | | ? <u>/</u> | |
| Entity ID Number | 2. Exact name of the Corporation | | | | | | |
| 9379 | Technod | ic, Inc. | | LY. | Mariota maria efficient | nesk fir | |
| 3. Principal Office Address | | | City | | State | Zip | |
| 60 Stamp Farm Road | | | Cr | anston | RI | 02921 | |
| 4. NAICS Code | Brief descripti | on of the character | r of business conducted in Rhode Island | | | | |
| 332812, 332813 5. State of Incorporation | Anodizing and powder coating on warious metals. | | | | | metals. | |
| Rhode Island | | | | | | | |
| List ALL officers (names and add | resses) | | | Check the | box to indic | ate an attachment 🗆 | |
| President Name | ne | | | Vice-President Name | | | |
| <u>Stephen Masso</u> Street Address | Stephen Masso | | | | | | |
| 232 William Henry | Road | | Street Add | ress | | | |
| City | State | Zip | City | | State | Zip | |
| N. Scituate Secretary Name | RI | 02857 | Transurari | Modes | | <u> </u> | |
| Occident Wallie | Treasurer Name | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | - · · · · · · · · · · · · · · · · · · · | State | Zip | |
| 8. List ALL directors (names and a | ddresses) | 1 | | Check the | box to indic | cate an attachment | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | | | Director Na | ame | | l | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| \$ to \$ | | <u> </u> | | | | , , | |
| 9: Shares Authorized | | 10. Shares Issue | | | | cate an attachment 📋 | |
| This information is currently of record Department of State. | rd in the | NUMBER OF SI | HARES | CLASS/SER | IES | PAR VALUE | |
| • | | 50 | | A | | 1.00 | |
| Changes require an additional filing. | | | | | | | |
| 11. This report must be executed o ceiver or trustee, this report must be | n behalf of the co | rporation by an aut | thorized rep | I presentative. If the corp receiver or trustee | ooration is i | n the hands of a re- | |
| Under penalty of perjury, I decla | re and affirm tha | t I have examined | this repor | t, including any acco | mpanying | schedules and | |
| statements, and that all statements contained herein are true and correct. | | | | | | | |
| Stephen Masso | | | | | Date 2/20/24 . | | |
| Signature of Authorized Representative | | | | | 4/2 | 0/24. | |
| | | | | | | | |
| | | | | | | > 4 | |

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

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