



State of Rhode Island  
Department of State - Business Services Division

FILED

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.

MAR 12 2024  
BY 1018 DS

1. Entity ID Number 1715588		2. Exact name of the Corporation Uptime Power Systems, Inc.			
3. Principal Office Address 17 Maple Road			City Warren	State RI	Zip 02885
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island Sales Representative			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Richard Su			Vice-President Name Michael Redman		
Street Address 17 Maple Rd			Street Address 17 Maple Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Richard Su			Treasurer Name Michael Redman		
Street Address 17 Maple Rd			Street Address 17 Maple Rd		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Richard Su			Director Name Michael Redman		
Street Address 17 Maple Rd			Street Address 17 Maple Rd		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		200	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 Richard Su				Date 3/4/2024	
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

FORM 630- Revised: 12/2023