



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

MAR 12 2024
BY 1018 DS

Corporation

- 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 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				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.		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