RI SOS Filing Number: 202449317660 Date: 3/20/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division  MAR 2 n 202479								
Annual Report for the year: 2024				MAR 2 0 202478				
Corporation ————————————————————————————————————								
Filing Fee: \$50.00								
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number	2. Exact name of the Corporation							
62494	DTECH, INC.							
3. Principal Office Address				State Zip				
9 Spink Street			Wickfo	rd —————————	RI		02852	
4. NAICS Code	6. Brief description	on of the characte	er of busines	s conducted in Rhode Is	sland			
541715	Developmer	Development of hardware and software products						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Timothy S. Wasco				Vice-President Name None				
Street Address 9 Spink St.	Street Addr	Street Address						
City Wickford	State RI	<sup>Zip</sup> 02852	City	State		Zip		
Secretary Name Timothy S. Wasco				Treasurer Name Timothy S. Wasco				
Street Address 9 Spink St.				Street Address 9 Spink St.				
City Wickford	State RI	<sup>Zip</sup> 02852	City Wic	City Wickford		રા	<sup>Z</sup> 02852	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							chment 🗆	
Timothy S. Wasco				Director Name				
Street Address 9 Spink St.				Street Address				
<sup>City</sup> Wickford	State RI	<sup>Zip</sup> 02852	City	у			Zip	
Director Name	<del></del> -		Director Na	Director Name				
Street Address				Street Address				
City	State	Zīp	City	City			Zip	
9. Shares Authorized		10. Shares Issu		Check the b				
This information is currently of record in the Department of State.		NUMBER OF	SHARES				PAR VALUE	
		1,000		Common		0.01		
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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  Date								
Timothy S. Wasco					March 17, 2024			
Signature of Authorized Representative								
Tity S. Warer								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov