



State of Rhode Island  
Department of State - Business Services Division

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.

REC'D RI SOS BSD  
24 AUG 5 AM 11:02:27

1. Entity ID Number 001743629		2. Exact name of the Corporation Top Tech Inc.												
3. Principal Office Address 1020 Bald Hill Road			City Warwick	State RI	Zip 02886									
4. NAICS Code 811210		6. Brief description of the character of business conducted in Rhode Island Electronic and precision equipment repair and maintenance.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Kevin Lo			Vice-President Name Kevin Lo											
Street Address 1020 Bald Hill Road			Street Address 1020 Bald Hill Road											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Secretary Name Kevin Lo			Treasurer Name Kevin Lo											
Street Address 1020 Bald Hill Road			Street Address 1020 Bald Hill Road											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Kevin Lo			Director Name Kevin Lo											
Street Address 1020 Bald Hill Road			Street Address 1020 Bald Hill Road											
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>CNP</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	CNP	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1,000	CNP	No par												
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 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 Lo, Kevin				Date 07/16/2024										
Signature of Authorized Representative 				<div style="text-align: center;">   <b>FILED 1102</b>  <b>AUG - 5 2024</b>  <b>BY 110</b> </div>										

MAIL TO:  
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