

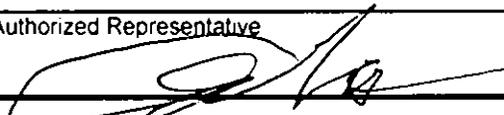


State of Rhode Island
Department of State - Business Services Division

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 RIDOS 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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
			1,000		CNP
			PAR VALUE		No par
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 Lo, Kevin				Date 07/16/2024	
Signature of Authorized Representative 				FILED 1102	
				AUG - 5 2024	
				BY 110	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov