



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.

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|--|--|---|--|
| 1. Entity ID Number 1688022 | | 2. Exact name of the Corporation Microcad Training and Consulting, Inc. | |
| 3. Principal Office Address 440 Arsenal St. | | City Watertown | State MA Zip 02472 |
| 4. NAICS Code 541512 | 6. Brief description of the character of business conducted in Rhode Island We provide our clients with the best tools, software training, services, 3d modeling, laser scanning, large format printers and more. | | |
| 5. State of Incorporation MA | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name AGUSTIN FERNANDEZ | | Vice-President Name SARAH REDICK | |
| Street Address 440 ARSENAL ST. | | Street Address 440 ARSENAL ST. | |
| City WATERTOWN | State MA | Zip 02472 | City WATERTOWN State MA Zip 02472 |
| Secretary Name AGUSTIN FERNANDEZ | | Treasurer Name AGUSTIN FERNANDEZ | |
| Street Address 440 ARSENAL ST. | | Street Address 440 ARSENAL ST. | |
| City WATERTOWN | State MA | Zip 02472 | City WATERTOWN State MA Zip 02472 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name AGUSTIN FERNANDEZ | | Director Name | |
| Street Address 440 ARSENAL ST. | | Street Address | |
| City WATERTOWN | State MA | Zip 02472 | City State Zip |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City State Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES 10,000 | CLASS/SERIES common PAR VALUE N/A |
| | | | |
| 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 Agustin Fernandez | | Date 10/31/2024 | |
| Signature of Authorized Representative Agustin Fernandez | | NOV 01 2024 | |

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

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