

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

## 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 RIDGS 850  
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1. Entity ID Number <b>001734163</b>		2. Exact name of the Corporation <b>Sycomp A Technology Company, Inc.</b>			
3. Principal Office Address <b>950 TOWER LANE, SUITE 1785</b>			City <b>FOSTER CITY</b>	State <b>CA</b>	Zip <b>94404</b>
4. NAICS Code <b>541512</b>		6. Brief description of the character of business conducted in Rhode Island <b>INFORMATION TECHNOLOGY</b>			
5. State of Incorporation <b>CA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL SYMONS</b>			Vice-President Name		
Street Address <b>950 TOWER LANE, SUITE 1785</b>			Street Address		
City <b>FOSTER CITY</b>	State <b>CA</b>	Zip <b>94404</b>	City	State	Zip
Secretary Name <b>JEAN SYMONS</b>			Treasurer Name		
Street Address <b>950 TOWER LANE, SUITE 1785</b>			Street Address		
City <b>FOSTER CITY</b>	State <b>CA</b>	Zip <b>94404</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MICHAEL SYMONS</b>			Director Name <b>JEAN SYMONS</b>		
Street Address <b>950 TOWER LANE, SUITE 1785</b>			Street Address <b>950 TOWER LANE, SUITE 1785</b>		
City <b>FOSTER CITY</b>	State <b>CA</b>	Zip <b>94404</b>	City <b>FOSTER CITY</b>	State <b>CA</b>	Zip <b>94404</b>
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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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.					
<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 <b>MICHAEL SYMONS</b>				Date <b>January 29, 2025</b>	

DocuSigned by

representative

FEB 10 2025

Michael D. Symons

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MAIL TO:

Division of Business Services

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