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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.

1. Entity ID Number	2. Exact name of the Corporation		
001734163	Sycomp A Technology Company, Inc.		
3. Principal Office Address	City	State	Zip
950 TOWER LANE, SUITE 1785	FOSTER CITY	CA	94404
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541512	INFORMATION TECHNOLOGY		
5. State of Incorporation			
CA			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MICHAEL SYMONS	
Street Address: 950 TOWER LANE, SUITE 1785	Street Address
City: FOSTER CITY / State: CA / Zip: 94404	City / State / Zip
Secretary Name: JEAN SYMONS	Treasurer Name
Street Address: 950 TOWER LANE, SUITE 1785	Street Address
City: FOSTER CITY / State: CA / Zip: 94404	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
MICHAEL SYMONS	JEAN SYMONS
Street Address: 950 TOWER LANE, SUITE 1785	Street Address: 950 TOWER LANE, SUITE 1785
City: FOSTER CITY / State: CA / Zip: 94404	City: FOSTER CITY / State: CA / Zip: 94404
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	110,000	CNP	0.0
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.

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
MICHAEL SYMONS	January 29 ,2025

FILED
FEB 10 2025
BY

DocuSigned by:
Michael A. Symons
4F454B77A3554B7
Representative

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

FORM 630- Revised. 12/2023