



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.

FILED

FEB 24 2025

BY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                                                     |                                                                                                                       |                    |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|
| 1. Entity ID Number<br><b>62494</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | 2. Exact name of the Corporation<br><b>DTECH, INC.</b>                                                                              |                                                                                                                       |                    |                              |
| 3. Principal Office Address<br><b>9 Spink St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                     | City<br><b>Wickford</b>                                                                                               | State<br><b>RI</b> | Zip<br><b>02852</b>          |
| 4. NAICS Code<br><b>541715</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Development of hardware and software products</b> |                                                                                                                       |                    |                              |
| 5. State of Incorporation<br><b>Rhode Island</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>Timothy S. Wasco</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                     | Vice-President Name <b>None</b>                                                                                       |                    |                              |
| Street Address <b>9 Spink St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                     | Street Address                                                                                                        |                    |                              |
| City <b>Wickford</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02852</b>                                                                                                                    | City                                                                                                                  | State              | Zip                          |
| Secretary Name <b>Timothy S. Wasco</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                     | Treasurer Name <b>Timothy S. Wasco</b>                                                                                |                    |                              |
| Street Address <b>9 Spink St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                     | Street Address <b>9 Spink St.</b>                                                                                     |                    |                              |
| City <b>Wickford</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02852</b>                                                                                                                    | City <b>Wickford</b>                                                                                                  | State <b>RI</b>    | Zip <b>02852</b>             |
| 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>Timothy S. Wasco</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                                     | Director Name                                                                                                         |                    |                              |
| Street Address <b>9 Spink St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                     | Street Address                                                                                                        |                    |                              |
| City <b>Wickford</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02852</b>                                                                                                                    | City                                                                                                                  | State              | Zip                          |
| 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.<br><br>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.<br><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<br><b>Timothy S. Wasco</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                                                     |                                                                                                                       |                    | Date<br><b>Feb. 15, 2025</b> |
| Signature of Authorized Representative<br><i>Timothy S. Wasco</i>                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                                     |                                                                                                                       |                    |                              |

## MAIL TO:

Division of Business Services  
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