



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-261  
401.222.304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>67617</u>	2. Name of Corporation <u>Hydratech Systems LTD</u>		
3. Street Address Principal Business Office <u>13 Green Mountain Dr.</u>	City <u>Cohoes</u>	State <u>NY</u>	Zip <u>12047</u>
4. Business Phone No. <u>(518)-783-0038</u>	5. State of Incorporation <u>New York</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island			

### 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Kenneth Ellis</u>	Vice President Name
Street Address <u>13 Green Mountain Drive</u>	Street Address
City <u>Cohoes</u>	City
State <u>NY</u>	State
Zip <u>12047</u>	Zip
Secretary Name <u>Robert Kramer</u>	Treasurer Name <u>Robert Kramer</u>
Street Address <u>13 Green Mountain Drive</u>	Street Address <u>13 Green Mountain Drive</u>
City <u>Cohoes</u>	City <u>Cohoes</u>
State <u>NY</u>	State <u>NY</u>
Zip <u>12047</u>	Zip <u>12047</u>

### 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Herbert Ellis</u>	Director Name
Street Address <u>13 Green Mountain Drive</u>	Street Address
City <u>Cohoes</u>	City
State <u>NY</u>	State
Zip <u>12047</u>	Zip
Director Name <u>Kenneth Ellis</u>	Director Name
Street Address <u>13 Green Mountain Drive</u>	Street Address
City <u>Cohoes</u>	City
State <u>NY</u>	State
Zip <u>12047</u>	Zip

### 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
<u>200 Comm No Par Value</u>		

### 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
<u>10</u>	<u>Common</u>	<u>None</u>

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.

FILED
File Date <u>FEB 25 2008</u>
Check No. <u>032378</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

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.

Signature <u>[Signature]</u>	Date <u>2/21/08</u>
Print or Type Name <u>Robert Kramer</u>	
Title <u>Secretary / Treasurer</u>	