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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

** 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.	2. Name of Corporation			
103614	DURA-KOTE TECHNOLOGY, LTD.			
3. Street Address Principal Business Office		City	State	Zip
2 INDUSTRIAL LANE		JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation			
4017512520	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL BUSINESS OF PLATING, COATING, ENAMELING AND APPLYING ANY AND ALL OTHER COATS OF COVERING ON JEWELRY, METALS AND ALL KINDS OF PRODUCTS.

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

President Name			Vice President Name		
Louis Francazio			Robert Ricci		
Street Address			Street Address		
120 Gasboard Street			87 Woodsong Drive		
City	State	Zip	City	State	Zip
Jamestown	RI	02835	North Scituate	RI	02857
Secretary Name			Treasurer Name		
Louis Francazio			Robert Ricci		
Street Address			Street Address		
120 Gasboard Street			87 Woodsong Drive		
City	State	Zip	City	State	Zip
Jamestown	RI	02835	North Scituate	RI	02857

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

Director Name			Director Name		
Louis Francazio			Robert Ricci		
Street Address			Street Address		
1158 Chopmist Hill Road			87 Woodsong Drive		
City	State	Zip	City	State	Zip
North Scituate	RI	02857	North Scituate	RI	02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMMON PAR VALUE			200	Common	No Par Value

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.

[redacted]

[redacted]

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.

Louis Francazio 02/26/2009
Signature *Date*

LOUIS FRANCAZIO
Print or Type Name

PRESIDENT
Title

[redacted]

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