

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

4(1).222.3(1)

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(cold)) is subject to a penalty fee of \$25,00.

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1. Corporate II) No 124603		2. Name of Corporation RIHTCO, Inc.				
3 Street Address Principal Business Office 10 Gosnold Road			ւպ։ North Kingstown	State RI	^{Zip} 02852	
4 Business Phone No. 5. State of Incorporation Rhode Island					***************************************	
5. Brief Description of the Chara Heat treating facility for i	cter of Business Condu metals industry	eted in Rhode Island			<u> </u>	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Robert A. Emerson			CHMENT) [] FILL IN SE	ACES BEFORE USING	ATTACHMENTS	
Street Address 10 Gosnold Road			Street Address			
in North Kingstown	State RI	7tp 02852	City	State	Zip	
Secretary Name Mary Zarour Emerson			Treasurer Name Mary Zarour Emerson			
Street Address Same as above			Street Address Same as above			
CHy	State	Ziţı	C(t)	State	Zij:	
3. NAMES AND ADDRESS Director Name None	SES OF THE DIRE	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN S	SPACES BEFORE USIN	l IG ATTACHMENTS	
Mreet Address			Street Address			
(it)	State	Zip	City	State	Zij)	
Director Name		·············	Director Name			
Sireet Address			Street Address			
.itj·	State	Zųv	CH2)	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Far Value	
			NONE	COMMON	NO PAR VALUE	
This report must be execu	ted on behalf of th	ne corporation by an authorize	ed representative. If the cor	noration is in the band	s of a receiver or tructed	
his report must be execute	ed on behalf of th	e corporation by the receiver	or trustee.	r in the field	a receiver of duniet.	
			Under penalty of per	jury, I declare and affirm	that I have examined this rep	
1 -	- 0016		including any accom contained herein are		atements, and that all statements.	
File Date	-2010		y du	Cotine	100m 2/20	
Check No.	059_		/ Signature Robert A. Em	erson	Date / /	
By:MMC			Print or Type Name			
FOR SECRETARY OF	STATE HSF ONLY		President			
. SA SECRETARY OF	ONDE COL UNIT		Title			