

FOR SECRETARY OF STATE USE ONLY

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

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(cc²d)) is

subject to a penalty fee of \$25.00.		0 , 0 ,		, , ,	
1. Corporate ID No. 9379	2. Name of Corporation TECHNODIC, INC.				
3. Street Address Principal Business Office 245 CAROLINA AVENUE		PROVIDENCE	State RI	02905	
4. Business Phone No. 5. State of Incorporation RHODE ISL.			AND		
6. Brief Description of the Character	of Business Conducted in	Rhode Island	· · · · · · · · · · · · · · · · · · ·		
ANODIZING AND 7. NAMES AND ADDRESSES	POWDER CO.	ATING ON MET: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
President Name STEPHEN P. MASSO		Vice President Name			
Street Address 232 WILLIAM HENRY ROAD			Street Address		
N. SCITUATE	State RI	zφ 02857	City	State	Zip
Secretary Name STEPHEN P. MASSO			Transurer Name STEPHEN P. MASSO		
Street Address			Street Address		
232 WILLIAM HENRY ROAD			232 WILLIAM HENRY ROAD		
City	State	Zip	CLLy	State	Zip
N. SCITUATE 8. NAMES AND ADDRESSES	RI of the director	02857 02857 02857 03 03 03 03 03 03 03 0	: N. SCITUATE	RI RI	02857
Director Name			Director Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address			Street Address		
City	State	Zф	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
9. SHARES AUTHORIZED		1 12 17 17	10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTION		
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	Par Vulue
			50	A	1.00
This report must be executed	on behalf of the cor	poration by an authorize	d representative. If the corp	poration is in the hand	ds of a receiver or trustee,
this report must be executed	on behalf of the corp	oration by the receiver (n nustce.		
			Under namelty of new	Laborators and a fit	that I have a second at the
		_	including any accomp	ory, I declare and armin panying schedules and st	that I have examined this repo atements, and that all stateme.
File Date FILED			contained herein are	rue and correct.	1 /
			Signatur		2/22/10
Check NMAR 2 4 2010			Signature		Date
8v By /253	9)	*	<u>Stephen</u>	P. Masso	
By By 623	Sad et Blir Hillian. An Indonesia (Alberta)		Print or Type Name PRESIDEN	ī.Tr	

Title