

1. Corporate ID No. 146571

3. Street Address Principal Business Office P.O. Box 3522

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

<sub>Zip</sub> 06525

2. Name of Corporation Industrial Materials Consulting Corporation

State CT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(codd)) is subject to a penalty fee of \$25.00.

City Woodbridge

Consulting for electronic of Junemona Conducted in Rivork Internal Consulting for electronic Con	4 Business Phone No. 203-435-0193		5. State of Incorporation Rhode Island				
Vice Prostation Name	Consulting for electronic	;					
None   None   None   State   None   State   None		SES OF THE OFFICI	ERS: ("X" BOX FOR ATTA	CHMENT) TILL IN SP	ACES BEFORE USING	ATTACHMENTS	
P.O. Box 3522  (Thy Moodbridge CT 06525 CT)				None			
Woodbridge				Street Address			
Kathleen Nargi-Toth  Kathleen Nargi-Toth  Since Address P.O. Box 3522  City Woodbridge CT Q06525  NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Kathleen Nargi-Toth  Director Name  Street Address P.O. Box 3522  City State Processor Name  Street Address Processor Name  Director Name  Street Address Processor Name  Street Address Processor Name  Street Address Processor Name  Street Address					State	Zip	
P.O. Box 3522  City							
Woodbridge   CT   06525   Woodbridge   CT   06525    8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS    Director Name   Director Name				i contract the second of the s			
Director Name   Director Name	Woodbridge	СТ	06525	Woodbridge	СТ	06525	
Street Address   Street Address   Street Address		SES OF THE DIREC	TORS: ("X" BOX FOR ATT		SPACES BEFORE USIN	G ATTACHMENTS	
P.O. Box 3522  City				Director Name			
State   Mark				Street Address			
Director Name   Director Name	City		II <sup>-</sup>	City	State	Zip	
9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)    ISSUED SHARES — THIS SECTION MUST BE COMPLETED    Number of Shares   Class Series   Par Value	<del>.</del>	<u> </u>		Director Name		l	
9. SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class Series  Par Value  100  Common  No Par  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.  File Date  Check No.  By:  FOR SECRETARY OF STATE USE ONLY  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class Series  Par Value  Par Value  Under penalty of seriory, I declare and affirm that I have examined this reprincipating any accompanying schedules and statements, and that all stateme confined herein are true and corporation of the print of Type Name  President  Title	Street Address			Street Address			
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.  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.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  This report must be executed on behalf of the corporation by the receiver or trustee.  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.  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.  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.  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, the corporation is in the hands of a receiver or trustee.  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 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 an authorized representative. If the corporation is in the hands of a receiver or trustee.  Thi	City	State	Zip	City	State	Zip	
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Check No.  By:  FOR SECRETARY OF STATE USE ONLY  Kathleen Nargi-Toth  Print or Type Name  President  Title	File Date		By 14003	<u> </u>	true and eoffeet.	Ph 3/1/11	
By:  FOR SECRETARY OF STATE USE ONLY  Print or Type Name  President  Title	Check No.			• •	/ largi-Toth	Date	
FOR SECRETARY OF STATE USE ONLY Title	Ву:			Print or Type Name			
	FOR SECRETARY O	OF STATE USE ONLY				Form 630 Rev. 08/08	