

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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(cc/d)) is within the second and the secon

subject to a penalty fee of \$25,00.					
1. Corporate ID No. 5 4064 9	2. Name of Corporation Parmatech-Proform Corporation				
3. Street Address Principal Business Office 55 SERVICE AVENUE			WARWICK	State RI	λφ 02886
4. Business Phone No. 5. State of Incorporation DELAWARE					~ · · · · · ·
6. Brief Description of the Character of METALS INJECTION MOLE					S C C C C C C C C C C C C C C C C C C C
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name PETER C. FROST			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS FILL IN SPACES BEFOR		
Street Address 55 SERVICE AVENUE			Street Address 55 SERVICE AVENUE		
WARWICK	State RI	<i>Zi</i> џ 0288 6	City WARWICK	State RI	702886 P P Z
Secretary Name CARYN E. MITCHELL			Treasurer Name CARYN E. MITCHELL		
Street Address 55 SERVICE AVENUE			Street Address 55 SERVICE AVENUE		
WARWICK	State RI	^{22φ} 0 288 6	City WARWICK	State RI	7.ip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name PETER C. FROST			CHMENT) THE IN SPACES BEFORE USING ATTACHMENTS Director Name CARYN E. MITCHELL		
Street Address 55 SERVICE AVENUE			Street Address 55 SERVICE AVENUE		
City WARWICK	State RI	<i>Ζφ</i> 02886	City WARWICK	State RI	z _φ 028 8 6
Director Name DUANE F. OTTOLINI			Director Name		
Street Address 55 SERVICE AVENUE			Street Address		
WARWICK	State RI	<i>Σφ</i> 02886	Сиу	State	Zφ
9. SHARES AUTHORIZED	•	(10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		NT)
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 Value
			100	COMMON	\$.01
This report must be executed this report must be executed of				ration is in the hands of	a receiver or trustee,

* C	Under penalty of perjury, I declare and affirm that I have examined this report.			
	including any accompanying schedules and statements, and that all statements			
FEB 21 ZUIZ	contained herein are true and conject			
File Date	See. 1/2/10// 2/24/2			
De (61)108	Signagure Dale			
Check No. BY	CARYN E. MITCHELL			
Bv:	Print or Type Name			
	TREASURER AND SECRETARY			
FOR SECRETARY OF STATE USE ONLY	Title			
	11116			