



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Rulph 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 60222		2. Name of Corporation Vulcan Catalytic Systems, Ltd.			
3. Street Address Principal Business Office 300 HIGH POINT AVENUE			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 401-683-2070		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE AT WHOLESALE OF CATALYTIC INDUSTRIAL HEATERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Chapman			Vice President Name John Martin		
Street Address PO Box 855, 300 High Point Avenue			Street Address PO Box 855, 300 High Point Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Michael J. Chapman			Treasurer Name Michael J. Chapman		
Street Address PO Box 855, 300 High Point Avenue			Street Address PO Box 855, 300 High Point Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Chapman			Director Name John Martin		
Street Address PO Box 855, 300 High Point Avenue			Street Address PO Box 855, 300 High Point Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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.

**FILED**

File Date MAR 21 2012  
Check No. \_\_\_\_\_  
By: 1256  
FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date FEB 16 2012  
Michael J. Chapman  
Print or Type Name  
President  
Title