**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| **52591** | **Remote Control Inc.** | | |
| 3. Principal office address: **77 Circuit Drive** | City: **North Kingstown** | State: **RI** | Zip: **02852** |
| 4. Business Phone No.: **401-294-1400** | 5. State of Incorporation: **Rhode Island** | | |
| 6. Brief description of the character of business conducted in Rhode Island: **Distribution and sales of valve actuators** | | | |

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: **Robert H. Arnold** | | | Vice-President Name: **none** | | |
| Street Address: **675 Mile Crossing Blvd.** | | | Street Address | | |
| City: **Rochester** | State: **NY** | Zip: **14624** | City | State | Zip |
| Secretary Name: **Michael Knapp** | | | Treasurer Name: **Michael Knapp** | | |
| Street Address: **675 Mile Crossing Blvd.** | | | Street Address: **675 Mile Crossing Blvd.** | | |
| City: **Rochester** | State: **NY** | Zip: **14624** | City: **Rochester** | State: **NY** | Zip: **14624** |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: **Alexander Busby** | | | Director Name: **Robert H. Arnold** | | |
| Street Address: **675 Mile Crossing Blvd.** | | | Street Address: **675 Mile Crossing Blvd.** | | |
| City: **Rochester** | State: **NY** | Zip: **14624** | City: **Rochester** | State: **NY** | Zip: **14624** |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| 9. SHARES AUTHORIZED | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **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.** | 4,160 | common | $1.00 |
| | | | |

*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**

FILED 12:24 PM NOV 19 2012

NOV 20 2012

BY 183771

**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 of Authorized Representative — Date: **10/05/2012**

**Michael Knapp, Secretary/Treasurer**

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
85395-2-772575