

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 2013

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)).

1 Corporate ID No	2. Name of Corporation				(M.N.O.L. 7-1.2-1)01((Ca)) is	
15679	2 nume of Corporation					
3 Strovi Address Principal Business	Office	N & CO. INC				
35 HURDIS ST.			N. PROVIDENCE	State	Zip	
		5 State of Incorporation	THE EROVIDENCE	│R.I.	02904	
401-725-7450 R.I. 6 Bnef Description of the Character of Business Conducted in Rhode Island				•	• •	
CHEMTCAL MANI	IEA COULDE		ACHMENT) FILL IN SPACI	ES BEFORE USING A	TTACHMENTS	
RICHARD R. HARRISON			H. ALLEN HARRISON			
9 EDGEWOOD DRIVE			Street Address 34 TOBIN LANE			
City	State	Zip	City	State		
BARRINGTON, Secretary Name	R.I.	02806	BRISTOL, Treasurer Name	R.I.	02809	
H. ALLEN HARR	ISON	•	RICHARD R. HARRISON			
Sireei Address			Street Address			
34 TOBIN LANE			9 EDGEWOOD DRIVE			
	Siale	Zip	: City	State	Zıp	
8. NAMES AND ADDRESSES Director Name	R.I. OF THE DIRECTOR:	102809 S: ("X" BOX FOR ATT	BARRINGTON FILL IN SPACE	R.I. CES BÉFORE USING	02806	
RICHARD R. HARRISON			: Director Name			
Sirvet Address			H. ALLEN HARRISON			
9 EDGEWOOD DRIVE			34 TOBIN LANE			
•	State	Zip	City	Siate	Zip	
BARRINGTON,	L.R.I.	02806	BRISTOL,	R.I.	02809	
			Director Name		***************************************	
Street Address			:			
			Sireei Address			
Ciri	Siaie	Zip	Сиу	State	Zip	
9. SHARES AUTHORIZED			<u> </u>		1	
			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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			
			Thin to by shares	Class/Series	Par Value	
			10,000	<u> </u>	NONE	
<u> </u>						
This report must be executed of this report must be executed or	n behalf of the corpo	ration by an authoric-	t range and the same			
this report must be executed or	behalf of the corpor	ation by the receiver of	representative. If the corporat	ion is in the hands of	a receiver or trustee,	
	•	FILED	i datee.			
· ·		LIFER				
•		1441				
		JAN 09 2013	including any accompanying	declare and affirm that	I have examined this report,	
	L	C) C)	contained herein are troe	enrect.	ents, and that all statements	
File Date	F	14 8 28x1	- KVITH	au_	117113	
Check No.			Signature	0 1/00	Date	
Ву			RICHARD R. HARRISON Print or Type Name			
FOR SECRETARY OF STATE	IISE ONLY		PRESI	DENT		
TOTAL MARIE OF STATE	. COE OIAE1	· .	Title			
					Form 630 Pay 0200	