



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

A. Ralph Molis, 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. 7-1.2-1901(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. 7-1.2-1901(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 72685		2. Name of Corporation Pro-Tech Distributors inc			
3. Street Address Principal Business Office 19 Eldred CT			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 789 7329		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Wholesale Spices					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Phelan			Vice President Name Thomas Phelan		
Street Address 19 Eldred CT			Street Address 19 Eldred CT		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mary Phelan			Treasurer Name Thomas Phelan		
Street Address 19 Eldred CT			Street Address 19 Eldred CT		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mary Phelan			Director Name Mary Phelan		
Street Address 19 Eldred CT			Street Address 19 Eldred CT		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Mary Phelan			Director Name Mary Phelan		
Street Address 19 Eldred CT			Street Address 19 Eldred CT		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	No 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.

FILED

JAN 18 2013

52685

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.

Mary Phelan 1.10.13
Signature Date

Mary Phelan
Print or Type Name

President Pro-Tech Distributors
Title

File Date	_____
Check No.	_____ BY _____
By:	_____
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