



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 2014

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. 9379		2. Exact name of the Corporation Technodic, Inc.			
3. Principal office address 245 Carolina Avenue			City Providence	State RI	Zip 02905
4. Business Phone No. 401-467-6660			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Anodizing and Powder Coating on various metals					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen P. Masso			Vice-President Name		
Street Address 232 William Henry Road			Street Address		
City N. Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Stephen P. Masso			Treasurer Name Stephen P. Masso		
Street Address 232 William Henry Road			Street Address 232 William Henry Road		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
			NUMBER OF SHARES 50	CLASS/SERIES A	PAR VALUE 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: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 15 2014

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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

1/13/14
Date

Stephen P. Masso

Print or Type Name of Authorized Representative