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.	2. Exact name of the Corporation		
55516	**H & W Test Products, Inc.**		
3. Principal office address: **99 Boyce Avenue**	City: **Barrington**	State: **RI**	Zip: **02806**
4. Business Phone No.: **508-336-3200**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Manufacturing, marketing & distribution of precision testing devices**			

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

President Name: **Gordon R. Hutton**			Vice-President Name: **Steven A. Whitcomb**		
Street Address: **99 Boyce Avenue**			Street Address: **2075 Division Road**		
City: **Barrington**	State: **RI**	Zip: **02806**	City: **East Greenwich**	State: **RI**	Zip: **02816**
Secretary Name: **Gordon R. Hutton**			Treasurer Name: **Steven A. Whitcomb**		
Street Address: **See Above**			Street Address: **See Above**		
City	State	Zip	City	State	Zip

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

Director Name: **Gordon R. Hutton**			Director Name: **Steven A. Whitcomb**		
Street Address: **See Above**			Street Address: **See Above**		
City	State	Zip	City	State	Zip
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.	200	Common	No Par Value

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.

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.

Gordon R. Hutton — 01/26/2014
Signature of Authorized Representative — Date

Gordon R. Hutton
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 29 2014
BY 23095

Form No. 630
Revised: 01/2012