



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

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 2014

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 22077		2. Name of Corporation GTS FLEXIBLE MATERIALS, INC.			
3. Street Address Principal Business Office 99 BROWNLEE BLVD.			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-732-5023		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION, MARKETING AND SALE OF DOMESTIC AND IMPORTED LAMINATED MATERIALS & RELATED ITEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DR. GRAHAM FARMER			Vice President Name		
Street Address 99 BROWNLEE BLVD.			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name BRIAN O'LEARY		
Street Address			Street Address 99 BROWNLEE BLVD.		
City	State	Zip	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DR. GRAHAM FARMER			Director Name BRIAN O'LEARY		
Street Address 99 BROWNLEE BLVD.			Street Address 99 BROWNLEE BLVD.		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name PHIL JELL			Director Name		
Street Address 99 BROWNLEE BLVD.			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
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
1,000	COMMON	NO PAR	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

FEB 18 2014

File Date

Check No. By

By:

FOR SECRETARY OF STATE USE ONLY

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

Date

DR. GRAHAM FARMER

Print or Type Name

PRESIDENT

Title