



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. 85576		2. Exact name of the Corporation New England Catalytic Technologies, Inc.		
3. Principal office address 38 Bellevue Avenue, Suite H		City Newport	State RI	Zip 02840
4. Business Phone No. 401-841-8480		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island To manufacture, sell, distribute, assemble, and otherwise deal in catalytic heaters for manufacturing industries of all types.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Chapman		Vice-President Name		
Street Address PO Box 855		Street Address		
City Portsmouth	State RI	Zip 02871	City	State Zip
Secretary Name Steven M. McInnis		Treasurer Name		
Street Address 38 Bellevue Avenue, Suite H		Street Address		
City Newport	State RI	Zip 02840	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Michael Chapman		Director Name		
Street Address PO Box 855		Street Address		
City Portsmouth	State RI	Zip 02871	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) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
		100	Common	\$.01 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.

File Date _____
 Check No _____
 By: _____

FILED
MAR 21 2014
 BY 11588

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] **FEB 13 2014**
 Signature of Authorized Representative Date
Michael Chapman
 Print or Type Name of Authorized Representative