

1. Entity ID No.

43156

3. State of Incorporation

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

Rhode Island Council of Electroplaters

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

4. Brief description of the character of business conducted in Rhode Island

Rhode Island	25 Jeffe	25 Jefferson Drive East Greenwich, RI 02818				
5. Principal office address 25 Jefferson Drive			City East Greenwich	State RI	Zip 02818	
6. LIST ALL OFFICERS	(NAMES AND ADD	NESSES) ("X" BOX FO	OR ATTACHMENT)	·		
President Name			Vice-President Name			
Robert Ricci			Vera Ricci			
Street Address			Street Address			
2 Industrial Lane			2 Industrial Lane			
City	State	Zip	City	State	Zip	
Johnston	RI	02913	Johnston	RI	02913	
Secretary Name Robert Conlon			Treasurer Name			
Street Address			Catherine J. Truppa Street Address			
751 Namquid Drive			25 Jefferson Drive			
City	State	Zip	City	State	Zip	
Warwick	RI	02888	East Greenwich	RI	02818	
	S (NAMES AND ADI		SLAND CORPORATIONS MUST LIS			
irector Name			Director Name			
Robert Ricci			Vera Ricci			
Street Address			Street Address			
2 Industrial Lane			2 Industrial Lane			
City	State	Ζiρ	City	State	Zip	
Johnston	RI	02913	Johnston	RI	02913	
Director Name			Director Name			
Robert Conlon	***************************************					
Street Address			Street Address			
751 Namquid Drive				Tours		
City Narwick	State RI	Ζ _i ρ 02888	City	State	Ζīρ	
I. REGISTERED AGENT		V2.000			<u> </u>	
		Wine of the Secret	ary of State. Changes require filing	Enem 641		
·			cretary, Assistant Secretary, Treasure		Representative, Receiver	
File Date			Under penalty of perjury, I this report, including any	accompanying sc	hedules and statements	
			and that all statements co	ntained herein are	true and correct.	
Check No		FILED	()	$\mathcal{I}_{\mathbf{A}}$	6/2/1	
Ву:		4 sm	Catherine of	~ / may	L 2/30/19	
•		4101 0 2 201A	Signature of Officer or Author	orized Representat	ive Date	
FOR SECRETARY OF S	STATE USE ONLY	JUN 02 2014	Treasure-C	ather inc	J. Trup	
	-11	ニニュコ	Print or Type Name of Office	er or Authorized Re	presentative	
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