STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16702	Hi-Tech, Inc.			
3. Street Address Principal Business Office		City	State	Zip
21 SUNNYSIDE AVENUE		JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-331-0781	RHODE ISLAND			1073

7. Brief Description of the Character of Business Conducted in Rhode Island
METAL STAMPING AND TOOL BUILDING

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
JOHN B. LAVIN	10 LAKE DRIVE	W. GREENWICH	RI	02817

Vice President Name	Street Address	City	State	Zip
JUDITH L. LAVIN	10 LAKE DRIVE	W. GREENWICH	RI	02817

Secretary Name	Street Address	City	State	Zip
JUDITH L. LAVIN	10 LAKE DRIVE	W. GREENWICH	RI	02817

Treasurer Name	Street Address	City	State	Zip
JOHN B. LAVIN	10 LAKE DRIVE	W. GREENWICH	RI	02817

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
JOHN B. LAVIN	10 LAKE DRIVE	W. GREENWICH	RI	02817

Director Name	Street Address	City	State	Zip
JUDITH L. LAVIN	10 LAKE DRIVE	W. GREENWICH	RI	02817

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
5,000	COMMON	NONE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

16702

File Date 2-5-04

Check No. 8097

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Judith L. Lavin 2/2/04
Signature of Officer *Date*

JUDITH L. LAVIN
Print or Type Name of Officer

VICE-PRESIDENT
Title of Officer

[redacted]

Form 630 Rev. 12/03