STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
16702

2. Name of Corporation
HI-Tech, Inc.

3. Street Address Principal Business Office
11 SUNNYSIDE AVENUE

City
JOHNSTON

State
RI

Zip
02919

4. Business Phone No.
401-331-0781

5. State of Incorporation
RHODE ISLAND

6. SIC Code
1883

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

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
Thomas Dolan

Street Address
16 Plains Road

City / *State* / *Zip*
Essex / CT / 06426

Vice President Name

Street Address

City / *State* / *Zip*

Secretary Name
David L. Reynolds, Asst. Secretary

Street Address
157 Church Street, 19th Floor

City / *State* / *Zip*
New Haven / CT / 06510

Treasurer Name

Street Address

City / *State* / *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
Thomas Dolan

Street Address
16 Plains Road

City / *State* / *Zip*
Essex / CT / 06426

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*
5000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	Without Par Value

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

[redacted]

16702

File Date: 1.20.98

Check No.: 5571

By: WP

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.

Signature of Officer — *Date* 1/13/98

David L. Reynolds
Print or Type Name of Officer

Assistant Secretary
Title of Officer