



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 2015

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. <b>990320</b>		2. Exact name of the Corporation <b>H. Krevit and Company INC</b>			
3. Principal office address <b>67 Welton St</b>		City <b>New Haven</b>		State <b>CT</b>	Zip <b>06534</b>
4. Business Phone No. <b>203-772-3350</b>		5. State of Incorporation <b>CT</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sales of Water Chemical Treatment</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Thomas Ross</b>			Vice-President Name <b>Donald DeChello</b>		
Street Address <b>PO Box 123</b>			Street Address <b>2 Clearview Dr</b>		
City <b>Spofford</b>	State <b>NH</b>	Zip <b>03462</b>	City <b>Wallingford</b>	State <b>CT</b>	Zip <b>06492</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>THOMAS ROSS</b>			Director Name <b>DONALD DeChello</b>		
Street Address <b>PO BOX 123</b>			Street Address <b>2 CLEARVIEW DR.</b>		
City <b>SPOFFORD</b>	State <b>NH</b>	Zip <b>03462</b>	City <b>WALLINGFORD</b>	State <b>CT</b>	Zip <b>06492</b>
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
			<b>2241</b>	<b>NDNE</b>	<b>224100.</b>

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 13 2015**

FOR SECRETARY OF STATE USE ONLY

**50898**

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 Authorized Representative

**Thomas Ross**

Print or Type Name of Authorized Representative

Date

**3/9/15**