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.	2. Exact name of the Corporation		
990320	H. Kreuit and Company INC		
3. Principal office address: 67 Welton St	City: New Haven	State: CT	Zip: 06534
4. Business Phone No.: 203-772-3350	5. State of Incorporation: CT		
6. Brief description of the character of business conducted in Rhode Island: Sales of Water Chemical Treatment			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Thomas Ross	PO Box 123	Spofford	NH	03462

Vice-President Name	Street Address	City	State	Zip
Donald DeChello	2 Clearview Dr	Wallingford	CT	06492

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
THOMAS ROSS	PO BOX 123	SPOFFORD	NH	03462

Director Name	Street Address	City	State	Zip
DONALD DeCHELLO	2 CLEARVIEW DR.	WALLINGFORD	CT	06492

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2241	NONE	224100.

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: _____
FOR SECRETARY OF STATE USE ONLY CV 50898

FILED
MAR 13 2015

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.

PRESIDENT 3/9/15
Signature of Authorized Representative — Date

Thomas Ross
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012