



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. 000114531		2. Exact name of the Corporation Thayer Industries, Inc			
3. Principal office address 100 Brook Farm Drive N		City Wakefield		State RI	Zip 02879
4. Business Phone No. 401-789-8825		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Machine tool services/parts.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Henry H Thayer IV			Vice-President Name Henry H Thayer III		
Street Address 100 Brook Farm Drive			Street Address 100 Brook Farm Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Paula H Thayer			Treasurer Name Henry H Thayer IV		
Street Address 100 Brook Farm Drive			Street Address 100 Brook Farm Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Audrey Thayer Scott			Director Name		
Street Address Belforest Lane			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			800	Common	0

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

Form No. 630
Revised: 01/2012

FILED

MAY 18 2015

BY

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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

Date

Henry H Thayer IV

Print or Type Name of Authorized Representative