



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 2016

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. 126593		2. Exact name of the Corporation DYNAMATION TRANSDUCERS CORPORATION			
3. Principal office address 28 ORCHARD HILL DRIVE		City RICHMOND	State RI	Zip 02892-1170	
4. Business Phone No. 401-539-0168		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island SALES OF ELECTRONIC COMPONENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JAMES DYNE			Vice-President Name		
Street Address 28 ORCHARD HILL DRIVE			Street Address		
City RICHMOND	State RI	Zip 02892-1170	City	State	Zip
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 JAMES DYNE			Director Name		
Street Address 28 ORCHARD HILL DRIVE			Street Address		
City RICHMOND	State RI	Zip 02892-1170	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) <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.					

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 12/15/15

Check No 4779

By: _____

FILED

DEC 21 2015

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Form No. 630
Revised: 01/2012

BY 4779

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.

J. R. DYNE 12/15/15
Signature of Authorized Representative Date

J. R. DYNE
Print or Type Name of Authorized Representative