



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. 80697		2. Exact name of the Corporation Austin Powder Company			
3. Principal office address 25800 Science Park Drive			City Beachwood	State OH	Zip 44122
4. Business Phone No. (216) 839-5413			5. State of Incorporation Ohio		
6. Brief description of the character of business conducted in Rhode Island mfg. & distr. of industrial explosives and related supplies and services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David P. True			Vice-President Name James C. Boldt		
Street Address 25800 Science Park Drive			Street Address 25800 Science Park Drive		
City Beachwood	State OH	Zip 44122	City Beachwood	State OH	Zip 44122
Secretary Name Randall A. Wicks			Treasurer Name Randall A. Wicks		
Street Address 25800 Science Park Drive			Street Address 25800 Science Park Drive		
City Beachwood	State OH	Zip 44122	City Beachwood	State OH	Zip 44122
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael A. Gleason			Director Name David P. True		
Street Address 25800 Science Park Drive			Street Address 25800 Science Park Drive		
City Beachwood	State OH	Zip 44122	City Beachwood	State OH	Zip 44122
Director Name David M. Gleason			Director Name		
Street Address 25800 Science Park Drive			Street Address		
City Beachwood	State OH	Zip 44122	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
			100	Common	

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

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.

Randall A. Wicks 01/05/2016
 Signature of Authorized Representative Date
Randall A. Wicks Secretary/Treasurer
 Print or Type Name of Authorized Representative

JAN 14 2016
 BY *KL 759231*