



**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. <b>19716</b>		2. Exact name of the Corporation <b>LENOX CHEMICAL COMPANY</b>			
3. Principal office address <b>P.O. Box 6161</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02940</b>
4. Business Phone No. <b>401-521-7474</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURING AND SELLING INDUSTRIAL AND TEXTILE MERCHANDISE AND CHEMICALS</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Barry Shepard</b>			Vice-President Name <b>Barry Shepard</b>		
Street Address <b>P.O. Box 6161</b>			Street Address <b>As above</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	City	State	Zip
Secretary Name <b>Barry Shepard</b>			Treasurer Name <b>Barry Shepard</b>		
Street Address <b>As above</b>			Street Address <b>As above</b>		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Barry Shepard</b>			Director Name		
Street Address <b>As above</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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	NO PAR VALUE

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

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.

**FILED**

JAN 15 2016

*Barry Shepard*  
Signature of Authorized Representative

*1/13/2016*  
Date

**Barry Shepard**

Print or Type Name of Authorized Representative

BY *9/1/12 DS*