



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