RI SOS Filing Number: 201691014770 Date: 01/19/2016 4:00 PM

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.	2. Exact name of the Corporation
994410	Kinetek Membrane, Inc.

3. Principal office address	City	State	Zip
c/o John Mills 69 Illinois Ave Ste 5	Warwick	RI	02888

4. Business Phone No.	5. State of Incorporation
401-921-4100	RI

6. Brief description of the character of business conducted in Rhode Island
Research & Development Filtration Systems

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
John Mills	none
Street Address: 259 Ministerial Rd	Street Address:
City: Wakefield, State: RI, Zip: 02879	City, State, Zip:
Secretary Name	**Treasurer Name**
John Mills	John Mills
Street Address: 259 Ministerial Rd	Street Address: 259 Ministerial Rd
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	Director Name
none	
Street Address	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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CWP	$0.0100

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

FOR SECRETARY OF STATE USE ONLY JAN 19 2016

BY 1080

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.

01/12/2016
Signature of Authorized Representative — Date

John F. Mills
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

131357-31-1101337