



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 2015

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. 70683		2. Exact name of the Corporation MERECO TECHNOLOGIES GROUP, INC.			
3. Principal office address 8 RICKER AVENUE		City LONDONDERRY		State NH	Zip 03053
4. Business Phone No. 603-623-8626		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island ACQUIRE, OWN, HOLD, SELL, ASSIGN, TRANSFER AND DEAL IN SHARES OF OTHER CORPORATIONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT MOOR			Vice-President Name CHRISTOPHER FLETCHER		
Street Address 8 RICKER AVENUE			Street Address 8 RICKER AVENUE		
City LONDONDERRY	State NH	Zip 03053	City LONDONDERRY	State NH	Zip 03053
Secretary Name ROBERT MOOR			Treasurer Name ROBERT MOOR		
Street Address 8 RICKER AVENUE			Street Address 8 RICKER AVENUE		
City LONDONDERRY	State NH	Zip 03053	City LONDONDERRY	State NH	Zip 03053
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT MOOR			Director Name		
Street Address 8 RICKER AVENUE			Street Address		
City LONDONDERRY	State NH	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
			300	CNP	0

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SECRETARY OF STATE
CORPORATIONS DIV
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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

BY

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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.

Signature of Authorized Representative

Date

CHRISTOPHER FLETCHER

Print or Type Name of Authorized Representative