



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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 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 CR 2666 19

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12:00

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