



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>792352</b>		2. Exact name of the Corporation <b>Natco Pregra, Inc.</b>			
3. Principal office address <b>155 Brookside Avenue</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>4018280300</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Artificial grass products</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>Adrian Borg</b>			Vice-President Name		
Street Address <b>6837 MCCOMBER STREET</b>			Street Address		
City <b>Sacramento</b>	State <b>CA</b>	Zip <b>95828</b>	City	State	Zip
Secretary Name <b>Alan Ross</b>			Treasurer Name <b>Alan Ross</b>		
Street Address <b>155 Brookside Avenue</b>			Street Address <b>155 Brookside Avenue</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
Director Name <b>Michael Litner</b>			Director Name <b>Alan Ross</b>		
Street Address <b>155 Brookside Avenue</b>			Street Address <b>155 Brookside Avenue</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
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</b> <input checked="" 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
			1000	Common	No Par

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.

*[Signature]* 2/3/2016  
 Signature of Authorized Representative Date  
 Alan W. Ross  
 Print or Type Name of Authorized Representative

Form No. 630  
 Revised: 01/2012

**FILED**

FEB 12 2016  
 RV HL 4004