



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. 13631		2. Exact name of the Corporation Ethide Laboratories, Inc.	
3. Principal office address 1300 Main St.		City West Warwick	State RI
		Zip 02893	
4. Business Phone No. 401-826-1651		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Laboratory Testing			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Joseph M. Mello		Vice-President Name Harold G. Sprague	
Street Address 1300 Main St.		Street Address 1300 Main St.	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
Secretary Name Harold G. Sprague		Treasurer Name Joseph M. Mello	
Street Address 1300 Main St.		Street Address 1300 Main St.	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Joseph M. Mello		Director Name Harold G. Sprague	
Street Address 1300 Main St.		Street Address 1300 Main St.	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
Director Name Pauline S. Mello		Director Name Leatrice T. Sprague	
Street Address 1300 Main St.		Street Address 1300 Main St.	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
9. SHARES AUTHORIZED		10. SHARES ISSUED (X BOX FOR ATTACHMENT) <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
		130	common
			PAR VALUE
	none		

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

FILED

FEB 25 2016

KL 14387

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.

Joseph M. Mello 2-22-2016
 Signature of Authorized Representative Date

Joseph M. Mello

Print or Type Name of Authorized Representative