



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. 58640		2. Exact name of the Corporation NARRAGANSETT TRADING COMPANY LTD		
3. Principal office address 418 COUNTRY VIEW DRIVE		City WARWICK	State RI	Zip 02886
4. Business Phone No. 401 828 1928		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island SALE OF COMPONENTS TO MANUFACTURERS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RICHARD H VOLK		Vice-President Name ROBERT VOLK		
Street Address 418 COUNTRY VIEW DRIVE		Street Address 418 COUNTRY VIEW DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name RICHARD H VOLK		Director Name		
Street Address 418 COUNTRY VIEW DR		Street Address		
City WARWICK	State RI	Zip 02886	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
100 COMMON - NO PAR VALUE		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.		100	COMMON	0

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

Form No. 630
Revised: 01/2012

FILED

MAR 16 2016

BY MA 4544

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.

Richard H Volk 3-12-16
Signature of Authorized Representative Date

RICHARD H VOLK
Print or Type Name of Authorized Representative