



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. 163649		2. Exact name of the Corporation Narragansett Technologies, Inc,			
3. Principal office address 51 Industrial Drive		City North Smithfield	State RI	Zip 02896	
4. Business Phone No. 401-767-4471		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF CAMERA PICK UP TUBES AND DIGITAL CAMERAS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank A. Epps, III			Vice-President Name William P. Ulmschneider		
Street Address 51 Industrial Drive			Street Address 51 Industrial Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name William P. Ulmschneider			Treasurer Name Frank A. Epps, III		
Street Address 51 Industrial Drive			Street Address 51 Industrial Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank A Epps, III			Director Name William P. Ulmschneider		
Street Address 51 Industrial Drive			Street Address 51 Industrial Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Director Name Peter Dorsey			Director Name Jonathan Elion		
Street Address 51 Industrial Drive			Street Address 51 Industrial Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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
			1,743,446	PWP	\$0.01
			112,524	CNP	\$0.01

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

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BY 13222

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

William P. Ulmschneider, Vice President

Print or Type Name of Authorized Representative