



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. 119367		2. Exact name of the Corporation C.R.T.R., Inc.			
3. Principal office address 175 East Ashland Street		City Brockton	State MA	Zip 02302	
4. Business Phone No. 508-427-7740		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Cathodic Raytube (CRT) And Electronic Recycling					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barbara Agee			Vice-President Name		
Street Address 99 Bear Paw trail			Street Address		
City E. Taunton	State MA	Zip 02718	City	State	Zip
Secretary Name Lancy Witherall			Treasurer Name Peter Witherall		
Street Address 345 Elm Street			Street Address 345 Elm St		
City Raynham	State MA	Zip 02718	City Raynham	State MA	Zip 02718
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Barbara Agee			Director Name Peter Konecny		
Street Address 99 Bear Paw trail			Street Address 48 Macomber Street		
City E. Taunton	State MA	Zip 02718	City Berkley	State MA	Zip 02779
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
			1,000 Comm		\$5.00

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.

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: Colleen Fernandes Date: 3/31/16

Print or Type Name of Authorized Representative: Colleen Fernandes

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAR 31 2016

By 271518

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