



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 9379		2. Exact name of the Corporation Technodic, Inc.			
3. Principal Office Address 245 Carolina Avenue		City Providence		State RI	Zip 02905
4. Business Phone Number 401-467-6660		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Anodizing and Powder Coating on various metals					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Stephen P. Masso			Vice-President Name		
Street Address 232 William Henry Road			Street Address		
City N. Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Stephen P. Masso			Treasurer Name		
Street Address 232 William Henry Road			Street Address		
City N. Scituate	State RI	Zip 02857	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		50	A	1.00	
11. 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. <i>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.</i>					
Name of Authorized Representative Stephen P. Masso				Date 06/16/2016	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 20 2016

BY

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FORM 630 - Revised: 05/2016