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	2. Exact name of the Corporation		
552149	LVR, INC.		
3. Principal Office Address	City	State	Zip
75 WEST 21ST STREET	NORTHAMPTON	PA	18067
4. Business Phone Number	5. State of Incorporation		
610-262-1535	PA		

6. Brief description of the character of business conducted in Rhode Island
DISTRIBUTION OF REFRACTORY PRODUCTS (SALES)

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
GARY C. PETERSON	ROBERT P. REPOGLE
Street Address	Street Address
75 WEST 21ST STREET	75 WEST 21ST STREET
City / State / Zip	City / State / Zip
NORTHAMPTON / PA / 18067	NORTHAMPTON / PA / 18067
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
SOME AS OFFICERS	
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	8		

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.

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.

Name of Authorized Representative	Date
ROBERT P. REPOGLE	7/20/16
Signature of Authorized Representative	
[signature]	

FILED
AUG 05 2016
BY 099417

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

140581-1-1142767

FORM 630 - Revised: 05/2016