State of Rhode Island and Providence Plantations Department of State - Business Services Division						SECRETA CORPOR	
Annual Report for the	e year: ²⁰¹⁶		-		:	S OR A	
Corporation			_		,	5 335	
→ Filing period: January	1 - March 1				•	3 SRE	
→ Filing Fee: \$50.00 → Penalty: Additional \$25			AH TONS				
/ 1 willings / 1 william 4 william	c. moning	JUNEA BY APIN 1.			_	9 07	
Entity ID Number	2. Exact name of the	•				2 2	
141654	POLYPLEX SYS	STEMS, INC.				'	
3. Principal Office Address	<u> </u>		City		State	Zip	
101 Higginson Avenue, E	3ldg #99		Lincoln		RI	02865	
4. Business Phone Number			5. State of	Incorporation			
(401) 725-5121			RHODE	•			
6. Brief description of the char	racter of business cr	onducted in Rhode	e Island				
To carry on, conduct & e				omnositions of all k	rinde & of	ther related materials	
List ALL officers (names and	d addresses)	2007 [Check t	the box to i	indicate an attachment	
President Name PAUL TRIAN		Vice-President Name ALFRED P. TRIANGOLO					
Street Address 266 Stillwater			Street Address 93 Coolridge Avenue				
City Smithfield	State RI	^{Zip} 02917	City Greenville		State RI	^{Zip} 02828	
ALFRED P. I	RIANGOLO			Treasurer Name PAUL TRIANGOLO			
93 Coolingge			Street Address 266 Stillwater Road				
	I.	^P 02828	City Smithfield		State RI	^{Zip} 02917	
List ALL directors (names an Director Name	nd addresses)		1=	Check th	ne box to ir	ndicate an attachment 🔲	
		<u></u>		Director Name NONE			
		Street Addres	SS				
	State Zip	,	City		State	Zip	
-		10. Shares Issu				indicate an attachment	
This information is currently of record in the Department of State.		1,000	SHARES	COMMON		NO PAR	
Changes require an additional filing.							
11. This report must be execute	ed on behalf of the c	corporation by an	authorized re	enresentative If the corr	poration is	in the hands of a receiver	
<u>or trustee, this report must be e</u>	executed on behalf d	of the corporation I	by the receive	er or trustee			
Under penaity of perjury, I de statements. and that all state	clare and affirm to ments contained l	iat i have examin	ed this repo	rt, including any acco	mpanying	schedules and	
Name of Authorized Represent	ative	lei eiii ai e ii ac a	Il Correct.		Date		
	Bother !	IX. The	ares	\rightarrow			
Signature of Authorized Repres	entative	SIGN DOCI	UNENT H	ÆRE	<u> </u>		
Street Address 93 Coolridge City Greenville 8. List ALL directors (names an Director Name NONE Street Address City 9. Shares Authorized This information is currently of repartment of State. Changes require an additional file or trustee, this report must be executed or trustee. The trustee of Authorized Represents the trustee of Authorized Represents all the tru	State RI Zip Ind addresses) State Zip Ind addresses State Zip record in the Isling. ed on behalf of the coexecuted on th	10. Shares Issue NUMBER OF S 1,000 corporation by an a of the corporation I hat I have examin	City Smiths Director Name Street Addres City City Street Addres City Sued SHARES authorized reby the received this repond correct.	PAUL TRIANGOI SS 266 Stillwater Roa ofield Check the NONE SS Check the CLASS/SERIES COMMON Expresentative. If the corporer or trustee. ort, including any accounts.	State RI he box to in State the box to in corration is in	Zip indicate an attachment PAR VALUE NO PAR in the hands of a receive	

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

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