



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 001336009

**2. Exact Name of the Limited Liability Company** Catalytic Innovations, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

54

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

R&D FOR THE DEVELOPMENT OF RENEWABLE ENERGY AND CO2 EMISSIONS  
REDUCTION TECHNOLOGY:

1. GENERATION OF RENEWABLE HYDROGEN FUEL FROM ORGANIC WASTEWATER  
(WHILE SIMULTANEOUSLY  
TREATING THE WASTEWATER).

2. ELECTROLYSIS TECHNOLOGIES FOR THE CONVERSION OF CO2 IN FLUE GAS FROM  
POWER PLANTS  
INTO ETHANOL FUEL (TO REDUCE CO2 EMISSIONS FROM POWER PLANTS).

AS WELL AS WHOLESALE MANUFACTURE OF R&D CATALYST MATERIALS TO  
IMPROVE THE  
SUSTAINABILITY AND EFFICIENCY OF RELATED CHEMICAL PROCESSES  
(WWW.CATALYTIC-  
INNOVATION.COM).

**5. Principal Office Address**

No. and Street: P.O. BOX 356

City or Town: ADAMSVILLE State: RI Zip: 02801 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: STAFFORD W. SHEEHAN Contact Title: PRESIDENT  
No. and Street: 201 STONEY HOLLOW RD.  
City or Town: TIVERTON State: RI Zip: 02878 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

STAFFORD W. SHEEHAN 201 STONEY HOLLOW RD. TIVERTON , RI 02878

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 12 Day of September, 2016 at 12:13:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By STAFFORD W. SHEEHAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07