



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

JAN 23 2017

BY

1. Entity ID Number 70683		2. Exact name of the Corporation MERECO Technologies Group, Inc.			
3. Principal Office Address 8 RICKER AVENUE		City LONDONDERRY		State NH	Zip 03053
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island ACQUIRE, OWN, HOLD, SELL, ASSIGN, TRANSFER AND DEAL IN SHARES OF OTHER CORPORATIONS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT MOOR			Vice-President Name CHRISTOPHER FLETCHER		
Street Address 8 RICKER AVENUE			Street Address 8 RICKER AVENUE		
City LONDONDERRY	State NH	Zip 03053	City LONDONDERRY	State NH	Zip 03053
Secretary Name ROBERT MOOR			Treasurer Name ROBERT MOOR		
Street Address 8 RICKER AVENUE			Street Address 8 RICKER AVENUE		
City LONDONDERRY	State NH	Zip 03053	City LONDONDERRY	State NH	Zip 03053
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT MOOR			Director Name		
Street Address 8 RICKER AVENUE			Street Address		
City LONDONDERRY	State NH	Zip 03053	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
300			CNP		0
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
					12/29/16
Signature of Authorized Representative CHRISTOPHER FLETCHER					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016