



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.

1. Entity ID Number 67760		2. Exact name of the Corporation Zeppelin Industries, Inc.			
3. Principal Office Address 88 Lady Slipper Road		City No. Woodstock		State NH	Zip 03262-2473
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacturing of Injection Molded Parts at 630 Old Baptist Rd, N. Kingstown RI 02852			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Jacob		Vice-President Name Same			
Street Address 88 Lady Slipper Road		Street Address			
City N. Woodstock	State NH	Zip 03262-2473	City	State Zip	
Secretary Name Same		Treasurer Name Same			
Street Address		Street Address			
City	State	Zip	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	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		8000	\$1.00	NPV	
		100	Common	NPV	
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 Michael Jacob			Date 012317		
Signature of Authorized Representative <i>Michael Jacob</i> PRES		FILED JAN 27 2017			
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

BY *[Signature]*
 FORM 630 Revised: 10/2016