



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ 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 <b>8557</b>		2. Exact name of the Corporation <b>Sanichem, Inc.</b>			
3. Principal Office Address <b>1010 Tioque Avenue Suite 9</b>		City <b>Coventry</b>		State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>92</b>		6. Brief description of the character of business conducted in Rhode Island <b>Any lawful business</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Harvey Markman</b>			Vice-President Name <b>Catherine E. Markman</b>		
Street Address <b>1010 Tioque Avenue Suite 9</b>			Street Address <b>1010 Tioque Avenue Suite 9</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Laura Dias</b>			Treasurer Name <b>Christine Brodeur</b>		
Street Address <b>1010 Tioque Avenue Suite 9</b>			Street Address <b>1010 Tioque Avenue Suite 9</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Harvey Markman</b>			Director Name <b>Catherine E. Markman</b>		
Street Address <b>1010 Tioque Avenue Suite 9</b>			Street Address <b>1010 Tioque Avenue Suite 9</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
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. <b>600</b>					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>600</b>		<b>Common</b>		<b>No par value</b>	
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 <b>Harvey Markman</b>					Date <b>1-28-17</b>
Signature of Authorized Representative					<b>FILED</b>
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

**JAN 30 2017**

BY

FORM 680 - Revised: 10/2016