



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

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 911588		2. Exact name of the Corporation NEYRA INDUSTRIES, INC.			
3. Principal Office Address 10700 EVENDALE DRIVE			City CINCINNATI	State OHIO	Zip 45241
4. Business Phone Number 513-733-1000			5. State of Incorporation OHIO		
6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION OF SURFACE COATING MATERIALS FOR PAVEMENT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NATHAN R NEYRA			Vice-President Name RANDY LEE		
Street Address 10700 EVENDALE DRIVE			Street Address 239 SULLIVAN AVENUE		
City CINCINNATI	State OH	Zip 45241	City SOUTH WINDSOR	State CT	Zip 06074
Secretary Name			Treasurer Name GARY D MEYER		
Street Address			Street Address 10700 EVENDALE DRIVE		
City	State	Zip	City CINCINNATI	State OH	Zip 45241
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EDWARD J NEYRA			Director Name		
Street Address 10700 EVENDALE DRIVE			Street Address		
City CINCINNATI	State OH	Zip 45241	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
		1740		CNP	0.00
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. <i>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.</i>					
Name of Authorized Representative GARY D MEYER				Date 11/23/16	
Signature of Authorized Representative SIGN DOCUMENT HERE					

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By 294972

A.A. 10:31 AM

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov