



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 000794161		2. Exact name of the Corporation Ferti Technologies Corp			
3. Principal Office Address 102 S 29th Street			City Phoenix	State AZ	Zip 85034
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacturing & selling fertilizer to distributors			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marc Vaillancourt			Vice-President Name		
Street Address 79 Charlotte Denys			Street Address		
City Boucherville	State Quebec	Zip J0L 2J0	City	State	Zip
Secretary Name Hugo Provencher			Treasurer Name		
Street Address 560 Chemin Rheaume			Street Address		
City St-Michel	State Quebec	Zip J0J 2J0	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marc Vaillancourt			Director Name		
Street Address 79 Charlotte Denys			Street Address		
City Boucherville	State Quebec	Zip J0L 2J0	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
			5000	CWP	.01
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 Hugo Provencher				Date 01/30/2017	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
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 BY 003580