



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 511578		2. Exact name of the Corporation HI TECH PROFILES, INC			
3. Principal Office Address 45 Gray Lane 401 Main ST			City Ashaway		State RI
			Zip 02804		
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Plastic extrusion and manufacturing and any other permitted use under Rhode Island General Laws			
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 Raymond Quinlan			Vice-President Name		
Street Address 115 Taugwonk Road			Street Address		
City Stonington		State CT	Zip 06378	City	
				State	
				Zip	
Secretary Name Lydia Teixeira			Treasurer Name Sherry A. Quinlan		
Street Address 6 Riverside Drive			Street Address 115 Taugwonk Road		
City Pawcatuck		State CT	Zip 06379	City Stonington	
				State CT	
				Zip 06378	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond Quinlan			Director Name Lydia Teixeira		
Street Address 115 Taugwonk Road			Street Address 6 Riverside Drive		
City Stonington		State CT	Zip 06378	City Pawcatuck	
				State CT	
				Zip 06379	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized 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.			10. Shares Issued		PAR VALUE
			NUMBER OF SHARES	CLASS/SERIES	
			5,000	Common	None
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 Raymond Quinlan, President				Date 2/3/17	
Signature of Authorized Representative <i>Raymond Quinlan</i>				FILED FEB 08 2017 43992 <i>LOA</i>	
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