



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 35118		2. Exact name of the Corporation International Technologies, Inc.			
3. Principal Office Address 115 Maple Street		City Warwick		State RI	Zip 02888
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Design and development of electronic systems, sub-systems and components, design, manufacture, and/or importation of model railroads				
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 Ronald W. Elsdorfer			Vice-President Name Ingrid E. Wilcox		
Street Address 373 Red Chimney Drive			Street Address 260 Red Chimney Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Lesley E. Elsdorfer			Treasurer Name Ingrid E. Wilcox		
Street Address 373 Red Chimney Drive			Street Address 260 Red Chimney Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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	
800		common		no par	
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 Ronald W. Elsdorfer					Date 02 FEB 17
Signature of Authorized Representative <i>Ronald W. Elsdorfer</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

FILED
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