



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.

RECEIVED
RI SOS
2017 FEB 27 11:35

1. Entity ID Number 71761		2. Exact name of the Corporation Apogee Products, Inc.	
3. Principal Office Address 49 Giller Avenue		City North Prov.	State RI
4. NAICS Code 54		6. Brief description of the character of business conducted in Rhode Island Custom Machinery	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MARK A. BLAIS		Vice-President Name MARK A. BLAIS	
Street Address 67 Lincoln St.		Street Address 67 Lincoln St.	
City Seekonk	State MA	City Seekonk	State MA
Zip 02771		Zip 02771	
Secretary Name MARK A. BLAIS		Treasurer Name MARK A. BLAIS	
Street Address 67 Lincoln Street		Street Address 67 Lincoln St.	
City Seekonk	State MA	City Seekonk	State MA
Zip 02771		Zip 02771	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MARK A. BLAIS		Director Name	
Street Address 67 Lincoln St.		Street Address	
City Seekonk	State MA	City	State
Zip 02771		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 100	CLASS/SERIES Common
			PAR VALUE 0
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 Mark A. Blais		Date 1-27-2017	
Signature of Authorized Representative			
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 C

FEB 21 2017

FORM 630 - Revised: 10/2016

BBY 296303 3:12