



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

Annual Report for the year: 2011  
 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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 R.I. DEPT. OF STATE - SOS  
 2017 JAN 27 AM 11:35

1. Entity ID Number <b>71761</b>		2. Exact name of the Corporation <b>Apogee Products, Inc.</b>			
3. Principal Office Address <b>49 Gillen Avenue</b>			City <b>North Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>54</b>		6. Brief description of the character of business conducted in Rhode Island <b>Custom Machinery</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARK A. BLAIS</b>			Vice-President Name <b>MARK A. BLAIS</b>		
Street Address <b>67 Lincoln St.</b>			Street Address <b>67 Lincoln St.</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>MARK A. BLAIS</b>			Treasurer Name <b>MARK A. BLAIS</b>		
Street Address <b>67 Lincoln Street</b>			Street Address <b>67 Lincoln St.</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARK A. BLAIS</b>			Director Name		
Street Address <b>67 Lincoln St.</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Mark A. Blais</b>				Date <b>1.27.2017</b>	
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**

FEB 21 2017

FORM 630 - Revised: 10/2016

BY CM 296303 3:00