



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.

FILED
 RI SOS
 2017 JAN 27 11:35

1. Entity ID Number 71761		2. Exact name of the Corporation Apogee Products, Inc.			
3. Principal Office Address 49 GILLEN AVENUE			City North Prov.	State RI	Zip 02904
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	Zip 02771	City Seekonk	State MA	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	Zip 02771	City Seekonk	State MA	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	Zip 02771	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 attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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

FORM 630 - Revised: 10/2016

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