



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

Annual Report for the year: 2008
 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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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
		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 an 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

FEB 21 2017

FORM 630 - Revised: 10/2016

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