



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2006
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
BUSINESS SERVICES DIVISION

2017 JAN 27 11:37

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 Rt	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 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
Director Name MARK A. BLAIS			Director 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
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

FORM 630 - Revised: 10/2016

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BY **CU** **296303**