



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2005  
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  
R.I. DEPT. OF STATE  
BUSINESS SERVICES DIVISION

2017 JAN 27 11:37

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>	City <b>Seekonk</b>	State <b>MA</b>
Zip <b>02771</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>	City <b>Seekonk</b>	State <b>MA</b>
Zip <b>02771</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>	City	State
Zip <b>02771</b>		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>
			PAR VALUE <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

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FORM 630 - Revised: 10/2016

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