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.

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1. Entity ID Number	2. Exact name of the Corporation		
71761	Apogee Products, Inc.		
3. Principal Office Address	City	State	Zip
49 Gillen Avenue	North Prov.	RI	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 ☐

President Name	Vice-President Name
Mark A. Blais	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	**Treasurer Name**
Mark A. Blais	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 ☐

Director Name	Director Name
Mark A. Blais	
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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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
BY 246303 - 3:00
BY

FORM 630 - Revised: 10/2016