



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.

1. Entity ID Number 63717		2. Exact name of the Corporation HALCO, Inc			
3. Principal Office Address 14 2nd Street			City Narragansett	State RI	Zip 02882
4. NAICS Code 332813		6. Brief description of the character of business conducted in Rhode Island To collect proceeds from sale of the business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Lanz			Vice President Name Chairman - Glen Harper		
Street Address 14 2nd Street			Street Address 20330 Chapel Trace		
City Narragansett	State RI	Zip 02882	City Estero	State FL	Zip 33928
Secretary Name Glen Harper			Treasurer Name Robert Lanz		
Street Address 20330 Chapel Trace			Street Address 14 2nd Street		
City Estero	State FL	Zip 33928	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Lanz			Director Name		
Street Address 14 2nd Street			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Director Name Glen Harper			Director Name		
Street Address 20330 Chapel Trace			Street Address		
City Estero	State FL	Zip 33928	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	No Par Value
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 Glen Harper				Date 2/18/17	
Signature of Authorized Representative <i>Glen Harper</i>					

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: 02/2017