



State of Rhode Island and Providence Plantations
 Dept: **TRUM 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 001661925		2. Exact name of the Corporation Precise Instrument Calibration Company, Inc.			
3. Principal Office Address 55 Barbara Road			City Hanson	State MA	Zip 02341
4. NAICS Code 54 - Professional, Scientific,		6. Brief description of the character of business conducted in Rhode Island Service, repair and sales of microscopes			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Mendonza			Vice-President Name Marcia Hodgens-Mendonza		
Street Address 55 Barbara Road			Street Address 55 Barbara Road		
City Hanson	State MA	Zip 02341	City Hanson	State MA	Zip 02341
Secretary Name Marcia Hodgens-Mendonza			Treasurer Name Marcia Hodgens-Mendonza		
Street Address 55 Barbara Road			Street Address 55 Barbara Road		
City Hanson	State MA	Zip 02341	City Hanson	State MA	Zip 02341
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Mendonza			Director Name Marcia Hodgens-Mendonza		
Street Address 55 Barbara Road			Street Address 55 Barbara Road		
City Hanson	State MA	Zip 02341	City Hanson	State MA	Zip 02341
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This Information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CNP	0.00
			none		
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 Marcia Hodgens-Mendonza				Date February 27, 2017	
Signature of Authorized Representative <i>Marcia Hodgens-Mendonza</i>					

FILED

MAR 01 2017

BY 6014 DS FORM 630 - Revised: 02/2017

MAIL TO:
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