



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 <b>001661925</b>		2. Exact name of the Corporation <b>Precise Instrument Calibration Company, Inc.</b>	
3. Principal Office Address <b>55 Barbara Road</b>		City <b>Hanson</b>	State <b>MA</b>
		Zip <b>02341</b>	
4. NAICS Code <b>54 - Professional, Scientific,</b>	6. Brief description of the character of business conducted in Rhode Island <b>Service, repair and sales of microscopes</b>		
5. State of Incorporation <b>Massachusetts</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>Stephen Mendonza</b>		Vice-President Name <b>Marcia Hodgens-Mendonza</b>	
Street Address <b>55 Barbara Road</b>		Street Address <b>55 Barbara Road</b>	
City <b>Hanson</b>	State <b>MA</b>	City <b>Hanson</b>	State <b>MA</b>
	Zip <b>02341</b>		Zip <b>02341</b>
Secretary Name <b>Marcia Hodgens-Mendonza</b>		Treasurer Name <b>Marcia Hodgens-Mendonza</b>	
Street Address <b>55 Barbara Road</b>		Street Address <b>55 Barbara Road</b>	
City <b>Hanson</b>	State <b>MA</b>	City <b>Hanson</b>	State <b>MA</b>
	Zip <b>02341</b>		Zip <b>02341</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>Stephen Mendonza</b>		Director Name <b>Marcia Hodgens-Mendonza</b>	
Street Address <b>55 Barbara Road</b>		Street Address <b>55 Barbara Road</b>	
City <b>Hanson</b>	State <b>MA</b>	City <b>Hanson</b>	State <b>MA</b>
	Zip <b>02341</b>		Zip <b>02341</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
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	CLASS/SERIES
		1,000	CNP
		none	0.00
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>Marcia Hodgens-Mendonza</b>		Date <b>February 27, 2017</b>	
Signature of Authorized Representative <i>Marcia Hodgens-Mendonza</i>			

**FILED**

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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