RI SOS Filing Number: 201737220730 Date: 3/2/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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Corporation → Filing period: January 1 - March 1

→ Filing Fee: \$50.00→ Penalty: Additional \$25.00 fe	ee if form is not	filed by April 1.					
1. Entity ID Number 85576	2. Exact name of the Corporation New England Catalytic Technologies, Inc.						
Principal Office Address Hargraves Drive			City Portsmout	h	State RI	Zip 02871	_
4. NAICS Code	6. Brief descrip	tion of the chara	cter of business	conducted in Rhode	Island		-
31-33 - Manufacturing	To manufacti	ıre, sell, distribi	ate, assemble, and otherwise deal in catalytic heaters for all types				
5. State of Incorporation		g industries of					
Rhode Island							
7. List ALL officers (names and add	resses)		 -	Chec	k the box to i	ndicate an attachment	7
President Name Michael Chapman			Vice-Presider	nt Name			쿈
Street Address 87 Hargraves Drive			Street Address				
City Portsmouth	State RI	^{Zip} 02871	City		State	Zip	_
Secretary Name Steven M. McInnis			Treasurer Name				
Street Address 38 Bellevue Avenue, Suite H			Street Address				
City Newport	State RI	^{Zip} 02840	City		State	Zip	
8. List ALL directors (names and ad	dresses)		15:		k the box to i	ndicate an attachment	<u> </u>
Director Name Michael Chapman			Director Name				
Street Address 87 Hargraves Drive			Street Address				
City Portsmouth	State RI	^{Zip} 02871	City		State	Zip	_
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	_
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES Common		\$.01 Par	_
		<u> </u>					_
 This report must be executed on rustee, this report must be executed 	behalf of the co	rporation by an a	authorized repres	sentative. If the corp rustee.	oration is in t	L he hands of a receiver or	7
Under penalty of perjury, I declare	and affirm tha	t I have examin	ed this report, i	ncluding any acco	mpanying so	chedules and	٦
statements, and that all statement Name of Authorized Representative	ts contained ne	rein are true an	d correct.		Date		_
Michael Chapman				FILED	2/	14/2017	
Signature of Authorized Representat	tive	SIGN DOC	UMENT H	MR 0 2 2017	· · · · · · · · · · · · · · · · · · ·		
IAIL TO:		N.		a (/	\		لـ

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

