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.

STAMP FOR

1. Entity ID Number	2. Exact name of the Corporation			
85576	**New England Catalytic Technologies, Inc.**			
3. Principal Office Address		City	State	Zip
87 Hargraves Drive		**Portsmouth**	**RI**	**02871**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
31-33 - Manufacturing	**To manufacture, sell, distribute, assemble, and otherwise deal in catalytic heaters for manufacturing industries of all types**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Michael Chapman**			Vice-President Name		
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 addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**Common**	**$.01 Par**
Changes require an additional filing.			

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	Date
Michael Chapman	2/14/2017

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
MAR 02 2017
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016