



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>139324</b>		2. Exact name of the Corporation <b>MISSION CRITICAL FUEL SYSTEMS, INC</b>												
3. Principal Office Address <b>18 PIEZZO DRIVE</b>			City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>									
4. NAICS Code <b>54 - Professional, Scientific, and</b>		6. Brief description of the character of business conducted in Rhode Island <b>FURNISH CONSULTING SERVICES FOR FUEL DISTRIBUTION AT CRITICAL POWER FACILITIES</b>												
5. State of Incorporation <b>RHODE ISLAND</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>RONALD RITORTO</b>			Vice-President Name <b>MARGARET E. RITORTO</b>											
Street Address <b>18 PIEZZO DRIVE</b>			Street Address <b>18 PIEZZO DRIVE</b>											
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>									
Secretary Name <b>RONALD RITORTO</b>			Treasurer Name <b>MARGARET E. RITOTTO</b>											
Street Address <b>18 PIEZZO DRIVE</b>			Street Address <b>18 PIEZZO DRIVE</b>											
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</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>NONE</b>			Director Name <b>NONE</b>											
Street Address <b>N/A</b>			Street Address <b>N/A</b>											
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>									
Director Name <b>NONE</b>			Director Name <b>NONE</b>											
Street Address <b>N/A</b>			Street Address <b>N/A</b>											
City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	Zip <b>N/A</b>									
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;"><b>100</b></td> <td style="text-align:center;"><b>COMON</b></td> <td style="text-align:center;"><b>NO PAR VALUE</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>COMON</b>	<b>NO PAR VALUE</b>			
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<b>100</b>	<b>COMON</b>	<b>NO PAR VALUE</b>												
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>RONALD RITORTO</b>				Date <b>2-27-2017</b>										
Signature of Authorized Representative  <div style="text-align: center; margin-top: 10px;"> <b>FILED</b>  <b>MAR 02 2017</b>        BY <u>1418</u> </div>														