



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>124603</b>		2. Exact name of the Corporation <b>RIHTCO, Inc.</b>			
3. Principal Office Address <b>10 Gosnold Road</b>		City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>81 - Other Services (except Pub</b>	6. Brief description of the character of business conducted in Rhode Island <b>Heat treating facility for metals industry</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>Robert A. Emerson</b>		Vice-President Name <b>Robert A. Emerson</b>			
Street Address <b>10 Gosnold Road</b>		Street Address <b>10 Gosnold Road</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Robert A. Emerson</b>		Treasurer Name <b>Mary Zarour Emerson</b>			
Street Address <b>10 Gosnold Road</b>		Street Address <b>10 Gosnold Road</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		None	Common	No Par Value	
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>Robert A. Emerson</b>					Date <b>2/17/17</b>
Signature of Authorized Representative <i>Robert A. Emerson</i> SIGN DOCUMENT <b>FILED</b>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016