



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.

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

1. Entity ID Number 65921		2. Exact name of the Corporation TERAGRAM, INC.			
3. Principal Office Address 45 Red Cedar Drive			City CRANSTON	State RI	Zip 02920
4. NAICS Code 31-33		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING and distribution of environmental SAFE INSECT REPELLENT			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARGARET MARIS			Vice-President Name MARGARET R. MARIS		
Street Address 45 Red Cedar Drive			Street Address 45 Red Cedar Drive		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DEBRA VIAH			Treasurer Name MARGARET MARIS		
Street Address 96 Sweetbriar Drive			Street Address 45 Red Cedar Dr		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARGARET MARIS			Director Name MARGARET R MARIS		
Street Address 45 Red Cedar Drive			Street Address 45 Red Cedar Drive		
City CRANSTON RI	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name DEBRA VIAH			Director Name		
Street Address 96 SWEETBRIAR DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			5000 (5000)		Common Stock
			PAR VALUE		NO PAR
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 MARGARET MARIS					Date 3/3/2017
Signature of Authorized Representative <i>Margaret Marisi</i>					

SIGN DOCUMENT HERE
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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