



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

NO
CORPORATION 2017
FILED

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	City CRANSTON	State RI									
Zip 02920		Zip 02920										
Secretary Name DEBRA VIAN		Treasurer Name MARGARET MARIS										
Street Address 96 Sweetbriar Drive		Street Address 45 Red Cedar Dr										
City CRANSTON	State RI	City CRANSTON	State RI									
Zip 02920		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	State RI	City CRANSTON	State RI									
Zip 02920		Zip 02920										
Director Name DEBRA VIAN		Director Name										
Street Address 96 SWEETBRIAR DRIVE		Street Address										
City CRANSTON	State RI	City	State									
Zip 02920		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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>5000 (5000)</td> <td>Common Stock</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5000 (5000)	Common Stock	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
5000 (5000)	Common Stock	NO 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 MARGARET MARIS		Date 3/3/2017										
Signature of Authorized Representative <i>Margaret Maris</i>												

SIGN DOCUMENT HERE

FILED

MAR 06 2017

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