State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	
Corporation	

2017 :

\$65 \$50\$1275\$\$\$\$\$\u220\$\u220\$ \$352\u220\$

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if for

→ Penalty: Additional \$25.00 fee	e if form is not fil	led by April 1.					
Entity ID Number	2. Exact name of the Corporation						
65921	TERAGRAM, INC.						
3. Principal Office Address			City		State	Zip	
45 Red Led Drive			ERAN	iston	RI	02920	
4. NAICS Code	6. Brief description	on of the characte	er of business	conducted in Rhode	elsland		
<i>31-3</i> 3 🔄	monutaci	HRING BA	d distri	BUTION of env	Vikonmeste	SAFE	
5. State of Incorporation	Insect R	EPELLENT			,,	.	
Rhode Island	. •						
7. List ALL officers (names and addre	esses)			Chec	k the hoy to indic	oto on otto-barrella	
President Name MARCARET MARIS.			Check the box to indicate an attachment Uice-President Name				
Street Address				MARBARET R. MARIS,			
45 Red Cedar Drive			Street Addres	Red ledon	DRIVE		
CRANSTON	itate PI	Zip 0393 0	City	INSTON	State	Zip 03920	
Secretary Name		·	Treasurer Na	ne		03/3	
DEBRA Viau Street Address	<u> </u>		MAR	garet MA	Risi		
96 Sweetbriar DA	2118		Street Addres	led ledar	De		
CRANSTON	tate RI	Zip 03920	City	NSTON	State 72 I	Zip	
List ALL directors (names and addr		-				02920	
Director Name			Director Name	•	_	ite an attachment 🔲	
MARCARET MARISI				MARCARET R MARISI			
45 RED CECAR DRI	VE		Street Address	Red led	ar Doil	e	
CRANSTON RIS	rate R.J	Zip 0392 0	LCITY	ANSTON	State RI	Zip	
Director Name		0070	Director Name		K.I.	03920	
DEBRA VI SU Street Address							
96 KINGETRO - O 1)	RIVE		Street Address				
ity s = st	ale li	Zip	City				
CRANSION	RI	03930	City		State	Zip	
		10. Shares Issue		Check	the box to indica	te an attachment	
his information is currently of record in epartment of State.	the .	NUMBER OF SH		CLASS/SERIE	<u> </u>	PAR VALUE	
'hannan ar air ar air air an air		4000	(5,000)	Common.	STACK	PAR	
hanges require an additional filing.	Ī	7			3.00.0		
 This report must be executed on be ustee, this report must be executed or 	ehalf of the corpo	oration by an auth	norized repres	entative If the corpo	oration is in the he		
ustee, this report must be executed o	n behalf of the c	orporation by the	receiver or tru	ustee.		inus of a receiver or	
Inder penalty of perjury, I declare a tatements, and that all statements	nα aπirm that i Contained herei	have examined in are true and c	this report, ir	ncluding any accor	npanying sched	ules and	
ame of Authorized Representative	•	une une and c	OTTECE.		Date /	·,————————————————————————————————————	
MARBARET MAR					3/3/	2017	
gnature of Authorized Representative	\$				-/0/		
margaret im	ansi ?	SIGN DOCE	VENJ.HE	RE			
IL TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 6 2017