



State of Rhode Island and Providence Plantations

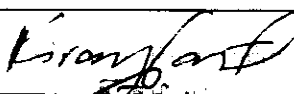
Department of State - Business Services Division

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 102143		2. Exact name of the Corporation EPOXYTECH, INC.			
3. Principal Office Address 1 INDUSTRIAL LANE			City LINCOLN	State RI	Zip 02865
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island FORMULATIONS AND MIXING OF CHEMICALS FOR ADHESIVE INDUSTRY.			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUKIRTEE PATEL			Vice-President Name KIRAN PATEL		
Street Address 14 REDBROOK CROSSING			Street Address 14 REDBROOK CROSSING		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name KIRAN PATEL			Treasurer Name KIRAN PATEL		
Street Address 14 REDBROOK CROSSING			Street Address 14 REDBROOK CROSSING		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KIRAN PATEL			Director Name		
Street Address 14 REDBROOK CROSSING			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name SUKIRTEE PATEL			Director Name		
Street Address 14 REDBROOK CROSSING			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMMON	NO PAE	
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 KIRAN PATEL					Date 02/27/2017
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 13 2017

FORM 630 - Revised: 02/2017