

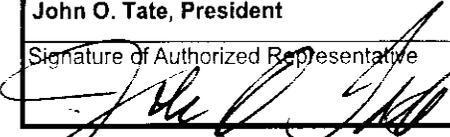


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

AMENDED
Annual Report for the year: 2017
Corporation

AMENDED Annual
Report for 2017

- 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 47775		2. Exact name of the Corporation Andon Electronics Corporation			
3. Principal Office Address 4 Court Drive		City Lincoln		State RI	Zip 02865
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Designing, research and molding of electronic and other components.			
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 John O. Tate			Vice-President Name John O. Tate		
Street Address 4 Court Drive			Street Address 4 Court Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name John O. Tate			Treasurer Name John O. Tate		
Street Address 4 Court Drive			Street Address 4 Court Drive		
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 John O. Tate			Director Name		
Street Address 4 Court Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	None
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 John O. Tate, President				Date 03/08/2017	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 13 2017

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