



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 22077		2. Exact name of the Corporation GTS FLEXIBLE MATERIALS, INC.			
3. Principal Office Address 99 BROWNLEE BLVD.			City WARWICK	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION, MARKETING AND SALE OF DOMESTIC AND IMPORTED LAMINATED MATERIALS & RELATED ITEMS			
5. State of Incorporation <i>RI</i>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DR. GRAHAM FARMER			Vice-President Name		
Street Address 99 BROWNLEE BLVD.			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name CHRIS BURGESS		
Street Address			Street Address 99 BROWNLEE BLVD.		
City	State	Zip	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DR. GRAHAM FARMER			Director Name		
Street Address 99 BROWNLEE BLVD.			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name CHRIS BURGESS			Director Name		
Street Address 99 BROWNLEE BLVD.			Street Address		
City WARWICK	State RI	Zip 02886	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
			100		COMMON
					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. <i>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.</i>					
Name of Authorized Representative DR. GRAHAM FARMER					Date <i>01/27/17</i>
Signature of Authorized Representative <i>Chris Farmer</i>					

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 15 2017
 BY 9148 DS