



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 17886		2. Exact name of the Corporation Northern Industries, Inc.			
3. Principal Office Address 429 Tioque Avenue			City Coventry	State RI	Zip 02816
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Sale of chemical products			
5. State of Incorporation Rhode Island		(325199)			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard A. Bernard			Vice-President Name		
Street Address 429 Tioque Avenue			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Richard A. Bernard			Treasurer Name Richard A. Bernard		
Street Address 429 Tioque Avenue			Street Address 429 Tioque Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	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. 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 Richard A. Bernard					Date 8/31/2017
Signature of Authorized Representative <i>Richard A. Bernard</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

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SEP 05 2017

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