



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STATE

→ 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 122149		2. Exact name of the Corporation Einig & Associates, Inc.			
3. Principal Office Address 335 Frenchtown Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 621390		6. Brief description of the character of business conducted in Rhode Island To conduct business of consulting for hire to the pharmaceutical and chemistry field.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard G. Einig			Vice-President Name Lynne H. Einig		
Street Address 335 Frenchtown Road			Street Address 335 Frenchtown Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Lynne H. Einig			Treasurer Name Richard G. Einig		
Street Address 335 Frenchtown Road			Street Address 335 Frenchtown Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard G. Einig			Director Name Lynne H. Einig		
Street Address 335 Frenchtown Road			Street Address 335 Frenchtown Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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		
			Common		
			No par value		
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 G. Einig					Date 01/26/2018
Signature of Authorized Representative <i>Richard G. Einig</i>					

FILED

SIGN DOCUMENT HERE

FEB 02 2018

BY

746 DS

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

FORM 630 - Revised: 10/2017