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FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Procidence, RI 02964-2615 | 401-222-3640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • Filing Fee: \$50 00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. X-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&ds)) is subject to a penalty fee of \$25.00.

| 1 Corporate ID No. 21793 | 2 Name of Corporation ROL-FLO ENGINEERING, INC. | | | | |
|---|---|------------------------|--|--------------|--|
| 3 Street Address Principal Biomess Office 85 A Tom Harvey Road | | | <i>ंगः</i> Westerly | State RI | 2ip 02891 |
| 4 Husiness Phone No. 5 State of Incorporation Rhode Island | | | | | - |
| 6. Brief Description of the Character of Business Conducted in Khode land engineering and manufacturing | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (X* BOX FOR ATTAC President Name Randall R. Orlomoski | | | CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Richard L. Orlomoski | | |
| Street Address 20 Yarmouth Drive | | | Mrst Address 85 A Tom Harvey Road | | |
| City Westerly | State RI | ^{Ζφ} 02891 | Си Westerly | State RI | λφ 02891 |
| Secretary Name Richard L. Orlomoski | | | Treasurer Name Randall R. Orlomoski | | |
| Street Address 85 A Tom Harvey Road | | | Street Address 20 Yarmouth Drive | | |
| Ciry Westerly | State RI | <i>Հւթ</i> 02891 | сиу Westerly | State R1 | ^{χφ} 02891 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Randall R. Orlomoski Street Address 20 Yarmouth Drive | | | ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Richard L. Orlomoski Street Address 85 A Tom Harvey Road | | |
| City Westerly Director Name | Nate RI | <i>∕ւթ</i> 02891 | Cits Westerly Director Name | Nate RI | Zip: 02891 |
| Street Address | | | Mired Address | | |
| City | State | Σib | City | State | Ziţi |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED | | |
| This information is currently of record in the Office of the Secretary of | | | Number of Shares | Olass Series | Par Value |
| State. Changes require an additional filling. See Section 9 of instruction sheet. | | | 100 | common | no par value |
| | | | | | |
| 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. | | | | | |
| | | FILED | including any aci | | that I have examined this report atements, and that all statement |

Signature

KANDALL

Print or Type Name

Orlomoski

Form 630 Rev. 08/08