



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

Annual Report for the year: **2018**
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 001673541		2. Exact name of the Corporation Antech Manufacturing Company			
3. Principal Office Address 140 Uxbridge Street		City Cranston		State RI	Zip 02920
4. NAICS Code 238290		6. Brief description of the character of business conducted in Rhode Island General machine shop			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Adam Nulman			Vice-President Name Adam Nulman		
Street Address 140 Uxbridge Street			Street Address 140 Uxbridge Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Adam Nulman			Treasurer Name		
Street Address 140 Uxbridge Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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					
10. Shares Issued Check the box to indicate an attachment ☐					
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		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 Adam Nulman, President					Date 2-1-2018
Signature of Authorized Representative 					

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

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BY **2920**

FORM 630 - Revised: 10/2017