



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 FEB 21 AM 8:37

**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 <b>306836</b>		2. Exact name of the Corporation <b>Lincoln Manufacturing, Inc.</b>	
3. Principal Office Address <b>50 Industrial Circle</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
4. NAICS Code <b>812990</b>	6. Brief description of the character of business conducted in Rhode Island <b>develop, manufacture, distribute specialty products &amp; preservatives to the personal care industry</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Patrick Lutz</b>		Vice-President Name	
Street Address <b>50 Industrial Circle</b>		Street Address	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
Secretary Name <b>Walter W. Martish, III</b>		Treasurer Name <b>Walter W. Martish, III</b>	
Street Address <b>50 Industrial Circle</b>		Street Address <b>50 Industrial Circle</b>	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>750</b>	<b>Common</b>
			<b>No Par</b>
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.			
<b>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.</b>			
Name of Authorized Representative		Date	
		<b>1/26/18</b>	
Signature of Authorized Representative		<b>FILED</b> SIGN DOCUMENT HERE <b>FEB 21 2018</b>	

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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