



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.

FILED

FEB 26 2018

BY

341032

1. Entity ID Number 3901		2. Exact name of the Corporation CENTRAL SCALE COMPANY			
3. Principal Office Address 2027 ELMWOOD AVENUE			City WARWICK	State RI	Zip 02886
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island ENGAGING IN THE BUSINESS OF MANUFACTURING, PRODUCING, SELLING AND REPAIRING EQUIPMENT AND PRODUCTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT F. GEISSER			Vice-President Name MATTHEW GEISSER, JR.		
Street Address 32 PRINCETON AVENUE			Street Address P.O. BOX 8549		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name ROBERT F. GEISSER			Treasurer Name MATTHEW GEISSER, JR.		
Street Address 32 PRINCETON AVENUE			Street Address P.O. BOX 8549		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT F. GEISSER			Director Name MATTHEW GEISSER, JR.		
Street Address 32 PRINCETON AVENUE			Street Address P.O. BOX 8549		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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		
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 MATTHEW GEISSER					Date 2/21/2018
Signature of Authorized Representative <i>Matthew Geisser</i>					

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

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