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

FILED
FEB 26 2018
BY 341032

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	2. Exact name of the Corporation		
3901	CENTRAL SCALE COMPANY		
3. Principal Office Address	City	State	Zip
2027 ELMWOOD AVENUE	WARWICK	RI	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	Street Address	City	State	Zip
ROBERT F. GEISSER	32 PRINCETON AVENUE	WARWICK	RI	02886

Vice-President Name	Street Address	City	State	Zip
MATTHEW GEISSER, JR.	P.O. BOX 8549	WARWICK	RI	02886

Secretary Name	Street Address	City	State	Zip
ROBERT F. GEISSER	32 PRINCETON AVENUE	WARWICK	RI	02886

Treasurer Name	Street Address	City	State	Zip
MATTHEW GEISSER, JR.	P.O. BOX 8549	WARWICK	RI	02886

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
ROBERT F. GEISSER	32 PRINCETON AVENUE	WARWICK	RI	02886

Director Name	Street Address	City	State	Zip
MATTHEW GEISSER, JR.	P.O. BOX 8549	WARWICK	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	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 — Check the box to indicate an attachment ☐

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: Matthew Geisser

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