



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

STAMP

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.

FOR
 SECRETARY OF STATE
 1ST FLOOR

1 Entity ID Number 001675666		2 Exact name of the Corporation US EXTRUDERS, INC.	
3 Principal Office Address 87 Tom Harvey Road		City Westerly	State RI
		Zip 02891	
4 NAICS Code 2360210	6. Brief description of the character of business conducted in Rhode Island Extruder Manufacturer		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daniel Schilke		Vice-President Name	
Street Address 87 Tom Harvey Road		Street Address	
City Westerly	State RI	Zip 02891	
Secretary Name Daniel Schilke		Treasurer Name Daniel Schilke	
Street Address 87 Tom Harvey Road		Street Address 87 Tom Harvey Road	
City Westerly	State RI	Zip 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	C. ASS/SERIFS
		100	common
			PAR VAL JF
			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. <u>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.</u>			
Name of Authorized Representative Daniel S. Schilke		Date 2/5/2018	
Signature of Authorized Representative <i>D S Schilke</i>		SIGN DOCUMENT HERE FILED	

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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