[redacted]S Filing Number: 201859407790 Date: 2/28/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation		
000024628	**Mahr, Inc.**		
3. Principal Office Address	City	State	Zip
1144 Eddy St.	**Providence**	**RI**	**02905**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
31-33	**Manufacturer of Precision Measuring Instruments**		
5. State of Incorporation			
DE	339999		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Brett Green**			Vice-President Name **John A. Robinson**		
Street Address **1144 Eddy St.**			Street Address **1144 Eddy St.**		
City **Providence**	State **RI**	Zip **02905**	City **Providence**	State **RI**	Zip **02905**
Secretary Name **Udo Erath**			Treasurer Name **John A. Robinson**		
Street Address **1144 Eddy St.**			Street Address **1144 Eddy St.**		
City **Providence**	State **RI**	Zip **02905**	City **Providence**	State **RI**	Zip **02905**

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
1000	**CWP**	**1.**

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	Date
John A. Robinson	**02/08/2018**

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 1262008

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