

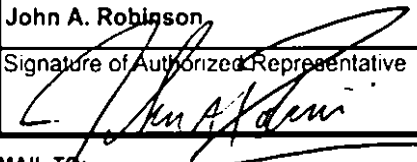


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

STAMP

1. Entity ID Number 000024628		2. Exact name of the Corporation Mahr, Inc.												
3. Principal Office Address 1144 Eddy St.			City Providence	State RI	Zip 02905									
4. NAICS Code 31-33		6. Brief description of the character of business conducted in Rhode Island 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 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 ☐											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td style="text-align: center;">CWP</td> <td style="text-align: center;">1.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CWP	1.			
			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 John A. Robinson				Date 02/08/2018										
Signature of Authorized Representative 				FILED										

SIGN DOCUMENT HERE

FEB 28 2018
BY 1262008