RI SOS Filing Number: 201859549300 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 | | |
|---|---|---|---|
| 53782 | Rhode Island Centerless, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 24 Morgan Mill Road | Johnston | RI | 02919 |
| 4. NAICS Code: 333511 | 6. Brief description of the character of business conducted in Rhode Island: Centerless griding of metals of all kinds, plastics, glass and all other materials | | |
| 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 |
|---|---|---|---|---|
| David L. Bryan | 24 Trimtown Road | North Scituate | RI | 02857 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Martin L. Bryan | 177 Jefferson Street | Warwick | RI | 02888 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Deborah Corbett Bryan | 177 Jefferson Street | Warwick | RI | 02888 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Joyce B. Bryan | 24 Trimtown Road | North Scituate | RI | 02857 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| None | | | | |
| | | | | |
| | | | | |

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 |
|---|---|---|
| 1,100 | 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: David L. Bryan

Date: 2/13/18

Signature of Authorized Representative: David L. Bryan SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 11079

**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**