



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

Annual Report for the year: 2018
Corporation

STAMP

FOR
SECRETARY OF STATE
USE ONLY

- 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 <u>1036014</u>		2. Exact name of the Corporation DURA-KOTE TECHNOLOGY, LTD.	
3. Principal Office Address 2 Industrial Lane		City Johnston	State RI
		Zip 02919	
4. NAICS Code 81 1111	6. Brief description of the character of business conducted in Rhode Island General business of plating, coating, enameling and applying any and all other coats of covering on jewelry, metals and all kinds of products.		
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 Louis Francazio		Vice-President Name Robert Ricci	
Street Address 1158 Chopmist Hill Road		Street Address 87 Woodsong Drive	
City North Scituate	State RI	City North Scituate	State RI
Zip 02857		Zip 02857	
Secretary Name Louis Francazio		Treasurer Name Robert Ricci	
Street Address 1158 Chopmist Hill Road		Street Address 87 Woodsong Drive	
City North Scituate	State RI	City North Scituate	State RI
Zip 02857		Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Louis Francazio		Director Name Robert Ricci	
Street Address 1158 Chopmist Hill Road		Street Address 87 Woodsong Drive	
City North Scituate	State RI	City North Scituate	State RI
Zip 02857		Zip 02857	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		PAR VALUE	
		200	Common
			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. 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 Louis Francazio		Date 2/13/18	
Signature of Authorized Representative 		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

MAR 01 2018

BY

14533

FORM 630 - Revised: 10/2017