RI SOS Filing Number: 201866817580 Date: 5/23/2018 4:00:00 PM

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State of Rhode Island and Department of Sta			vision	٠.		7.	
Annual Report for the year	م :ar						
Corporation	201 <b>8</b>	<del> </del>				,	
<ul> <li>→ Filing period: January 1 - M</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fe</li> </ul>		ed by April 1.		•	,	,	
Entity ID Number	2. Exact name of the Corporation						
13631	ETHIDE LABORATORIES INC.						
3. Principal Of¿ce Address			City		State	Zip	
1300 Main Street			West	Warwick	RI i	02893	
4. NAICS Code	6. Brief description	n of the character	of business of	conducted in Rhode Isl	land	· · · · · · · · · · · · · · · · · · ·	
54 1360	Laborato	ory testin	g •				
5. State of Incorporation	İ				•	·	
RI .	L	<del></del>			· · · · · · · · · · · · · · · · · · ·	70.	
7. List ALL of ¿cers' (names and addresses)  President Name 1 Vice-				Check the box to indicate an attachment   Check the box to indicate an a			
Joseph M. Mello			Harold G. Sprague				
Greet Address 1300 Main Street			Street Address 1300 Main Street				
City West Warwick	State RI	Zip 02893	City West W	arwick	State RI	Zip 02893	
Secretary Name	Treasurer Name Joseph M. Mello						
Harold G. Sprague Street Address		· -	Street Address		<del></del>		
1300 Main Street			1300 Main Street				
City West Warwick	State RI	Zip 02893	City West W		State RI	Zip 02893	
8. List ALL directors (names and ad		02093	HESC N			cate an attachment	
Director Name			Director Name		•	<u> </u>	
Joseph M. Mello Street Address			Harold G. Sprague				
1300 Main Street			Street Address 1300 Main Street				
City	State	Zip 02893	City		State	Zip	
West Warwick Director Name	RI	. 02893	West Warwick Director Name		RI.	02893	
Pauline S. Mello			Leatrice T. Sprague				
Street Address			Street Address				
		70	1300 Main Street   State   Zip				
West Warwick	RI	02893		Warwick	RI	Zip 02893	
Shares Authorized     This information is currently of record		10. Shares Issue				cate an attachment	
Department of State.	a in the	NUMBER OF SI	WKES	CLASS/SERIES		PAR VALUE	
50 Changes require an additional ¿Ilng.	0	130	<del></del>	Common	<u>'</u> !	No par value	
11. This report must be executed or	hehalf of the con	oration by an aut	horized repre	contative If the comer	ration is in the	hoods of a consists of	
trustee, this report must be execute	d on behalf of the	corporation by the	e receiver or t	rustee.			
Under penalty of perjury, I declar statements, and that all statemen	e and afterm that	I have examined	this report, i	including any accom	panying sche	dules and	
Name of Authorized Representative	e	em are true and	COTTECT.		Date		
Joseph M. Mello 1-27-2017							
Signature of Authorized Representa		SIGN DOCL	MENT HE	RE FILE	)	<u> </u>	
CAN JONNY Y	IN INCH	7/4			- 1/1		
MAIL TO: Division of Business Services				MAY 2 3 20	118	•	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website; www.sos.d.gov