



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.

1. Entity ID Number 13631		2. Exact name of the Corporation ETHIDE LABORATORIES, INC.			
3. Principal Office Address 1300 Main Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 54 1360	6. Brief description of the character of business conducted in Rhode Island Laboratory testing.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph M. Mello			Vice-President Name Harold G. Sprague		
Street Address 1300 Main Street			Street Address 1300 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Harold G. Sprague			Treasurer Name Joseph M. Mello		
Street Address 1300 Main Street			Street Address 1300 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph M. Mello			Director Name Harold G. Sprague		
Street Address 1300 Main Street			Street Address 1300 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Pauline S. Mello			Director Name Leatrice T. Sprague		
Street Address 1300 Main Street			Street Address 1300 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
130		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 Joseph M. Mello					Date 1-27-2017
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

MAY 23 2018

dv

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FORM 630 - Revised: 10/2016