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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 Jed by April 1.

Entity ID Number	Exact name o	f the Corporation	•				
13631	ETHIDE LABORATORIES INC.						
3. Principal Of¿ce Address			City		State	Zip	
1300 Main Street	•		1	Warwick	RI	02893	
4. NAICS Code	6. Brief description	on of the character	of business of	conducted in Rhode Is	land		
54 1360	Laboratory testing.						
5. State of Incorporation							
RI	.•		•				
7. List ALL of cers' (names and add	resses)		<u></u>	Check	the box to inc	dicate an attachment	
President Name 1	-		Vice-Presiden		•		
Joseph M. Mello	Harold G. Sprague						
Street 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 Nar				
Harold G. Sprague				M. Mello			
Street Address			Street Address			To the second second	
1300 Main Street	State	Zip	City	<u>ain Street</u>	State	Zio	
West Warwick	RI	02893	West W	arwick	RI	02893	
8. List ALL directors (names and ad-		1 3 3 3 3 3	1		_1	dicate an attachment	
Director Name	<u> </u>		Director Name		•		
Joseph M. Mello		•	Harold	G. Sprague			
Street Address			Street Addres	s	,		
1300 Main Street			1300 M	ain Street		<u> </u>	
West Warwick	State RI	Zip 02893	City West Warwick		State RI	02893	
Director Name			Director Name		•		
Pauline S. Mello			Leatri	ce T. Spragı	ie ,		
Street Address			Street Addres				
1300 Main Street	State	17/0	1300 M	ain Street	Ctoto	. 12:-	
West Warwick	RI	Zip 02893	City West	Warwick	State R I	Zip 02893	
9. Shares Authorized		10. Shares Issue				dicate an attachment	
This information is currently of record	in the	NUMBER OF S		CLASS/SERIES		PAR VALUE	
Department of State.	•				,		
ا 50 Changes require an additional ال	U	130	· - · · - ·	Common		No par value	
			,		,		
11. This report must be executed or	behalf of the cor	poration by an aut	horized repre	sentative. If the como	ration is in th	ne hands of a receiver or	
trustee, this report must be execute	d on behalf of the	corporation by the	e receiver or t	rustee.		•	
Under penalty of perjury, I declare	e and afzrm that	I have examined	this report, i	including any accord	panying sc	hedules and	
statements, and that all statemen	ts contained he	rein are true and	correct.				
Name of Authorized Representative	!			- • · · · ·	Date	and the second second	
Joseph M. Mello $1-27-207$					17-2017		
Signature of Authorized Representative							
amp m M Wan DOCUMENT HERE FILED							
MAIL TO:		K				· · · · · · · · · · · · · · · · · · ·	
Division of Business Services				MAY 232	018	4	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website; www.sos.d.gov

FORM 630 - Revised: 10/2016