

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

FORM MUST BE TYPED II I. Corporate ID No. 63717	V BLACK) 2. Name of Corp. HALCO, Inc.				 .
3. Street Address Principal Bi	usiness Office		City	State	Zip
125 LARCH RD			EAST GREENWICH	RI	02818
1 Business Phone No.		5. State of Incorpora			6. SIC Code
203-575-9450		RHODE ISLA	ND		1883
7. Brief Description of the CF TO OPERATE A PLAT		nducted in Rhode Island		· · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDRI	ESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) TELL IN SPACE	ES BEFORE USING AT	TTACHMENTS
Robert L. Lanz			· Chairman - Glen	A. Harper	
Sirvet Address			Street Address		
114 Porter Stree	et		P.O. Box 2545		
City	State	Zip	City	State	Zip
Waterbury	! CT	106708	·Waterbury	CT	06723
ecretary Name	· • • • • • • • • • • • • • • • • • • •		Treasurer Name		
Glen A. Harper			Robert L. Lanz		
Street Address			Sireel Address		
P.O. Box 2545			.114 Porter Street	· -	
City	State	Zip	City	State	Zip
Waterbury	CT	06723	. Waterbury	CT	06708
9. NAMES AND ADDRI Director Name	ESSES OF THE DI	RECTORS ("X" BOX FO	DRATTACHMENT) FILL IN SPA Director Name	ACES BEFORE USING	ATTACHMENTS
Street Address	······································		-Sireet Address		
City	; State	Zip	·City	State	Zip
Director Name			· Director Name		
Street Address			·Sircet Address		
City	State	Zip	City	State	Zip
•			•	•	
10. SHARES AUTIIORIZED C'X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Yalue	Number of Shares	Class/Series	Par Value
1 000 COMM NO PA	R VALUE		1000	Common	No Par Value
	······································				
This report must be sig	gned in ink by eit	her the President, Vice	e President, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Truste
6 3	7 1 7		Under penalty of perju this report, including a	-	

Check No. FOR SECRETARY OF STATE USE ONLY and that all statements contained herein are true and correct.

Glen A. Harper

Chairman & Secretary Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

	ecretary of State	ATIONS			401.222.3040	
PROFIT CORPO	RATION A March 1 • Fili	NNUAL REPO	RT FOR THE YEA	AR <u>2004</u>		
(FORM MUST BE TYPED IN B 1. Corporate ID No. 63717	ILACK) 2. Nume of Carporat HALCO, Inc.	ion				
3. Street Address Principal Busin 125 LARCH RD			City EAST GREENWICH	State R I	<i>Zip</i> 02818	
4. Business Phone No. 4010056603 203-5	575-9450	5. State of Incorporation RHODE ISLAND			6. SIC Code 1883	
7. Brief Description of the Charc TO OPERATE A PLATIN		cted in Rhode Island			· ·•	
8. NAMES AND ADDRESS President Name Robert L. Lanz Sreet Address	SES OF THE OFFIC	CERS ("X" BOX FOR ATTA	(CHMENT) FILL IN SPACES Vice President Name Chairman - Glen A. Street Address		TACHMENTS	
114 Porter Street			P.O. Box 2545 *			
City Waterbury Secretary Nume	State CT	<i>Zip</i> 06708	City Waterbury Treasurer Name	State CT	<i>7.ip</i> 06723	
Glen A. Harper			Robert L. Lanz			
Street Address P.O. Box 2545			Sireei Address 114 Porter Street			
<i>Cin</i> : Waterbury	State CT	<i>Zip</i> 06723	Cin Waterburyq	State CT	<i>Zip</i> 06708	
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) [] FILL IN SPACE Director Name	ES BEFORE USING	ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value	
1,000 COMM NO PAR	VALUE		1000	Common	No Par Value	
This report must be sign	ed in ink by either	the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treas	urer, Receiver or Trustee	
			•	•		
6 3 7	1 7		Under penalty of perjury, this report, including any	accompanying sche	dules and statements.	

Chairman & Secretary



Matthew A. Brown, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 301.222.3040

riling Period: January 1 - FORM MUST BE TYPED IN B	- March I	lling Fee: \$50.00	ORT FOR THE Y	-	
I. Corporate ID No. *63717*	2. Name of Corpo HALCO, Inc				
3. Street Address Principal Busin 125 LARCH RD			City EAST GREENWICH	State R I	<i>Zip</i> 02818
4. Business Phone No. 4018856683		5. State of Incorporate RHODE ISLAN			6. SIC Code 11883
7. Brief Description of the Churc TO OPERATE A PLATIN	cter of Business Con	ducted in Rhode Island			-
8. NAMES AND ADDRESS President Name	SES OF THE OF	FICERS ("X" BOX FOR A	(TTACHMENT) ☐ FULL IN SPA XXXXDGXXX Nume	CES BEFORE USING A	TTACHMENTS .
Robert L. Lanz Sure: Addurss			Chairman - Glen Sucen Address	A. Harper	
114 Porter Street			P.O. Box 2545	_	
City	State	Zip	City	State	Zip
Waterbury Secretary Nume Glen A. Harper	CT	06708	Waterbury Treasurer Name Robert L. Lanz	CT	06723
Sireei Address			Street Address	•	
P.O. Box 2545			114 Porter Stree	t	
City	Store .	Zip	City	State	Zip
Waterbury	CT	06723	Waterbury	CT	06708
9. NAMES AND ADDRES! Director Name	SES OF THE DIR	ECTORS ("X" BOX FOI	RATTACHMENT) 🗍 FILL IN SE Director Nume	PACES BEFORE USING	ATTACHMENTS
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City	State	Zip	City	State	Zip
Director Name			· Director Name		
Sueet Address			Street Address		
Cite	State	Zip —	City	State	Zip — —
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT) 🗌	H. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMEN	YD 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	- Class/Series	Par Volue
1,000 COMM NO PAR	VALUE		1000	Common	No Par Value
This report must be signe	ed in ink by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Trustee
+ 6 3	7 1 7 *		this report, including a	ary, I declare and affirm any accompanying sche	dules and statements,
63717 DBC1/28/031:5	53:29 PM		and that all statements	s contained herein are tr	
File Date [7]	H710.2.	-	Signature of Officer	www.	2/12/03 Dine
Check No	7336	_	Glen A. Harp	per	
B <u>v:</u>	\sim	3	Print or Type Name of C		
FOR SECRETARY OF STATE	USE ONLY		Chairman &	Secretary	Form 630 12/0

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

•					(distri
LACK)					
2. Name of Corporation		•			_
HALCO, Inc.					
rss Office		City		State	Zip
		East G	Greenwich	RI	02818
5	State of Incorporation				6. SIC Code
	RHODE ISLAND				1883
ter of Business Conducted in Rhode Isl	and				
ting facility					
ESSES OF THE OFFICERS (X BOX FOR ATTACHME	ENT) FI	LL IN SPACES I	BEFORE USING ATT	ACHMENTS
		XXXXXXXX	жжж Chai	rman Name	
		Glan A	. Harper		
	2. Name of Corporation HALCO, Inc. 255 Office 5 Ster of Business Conducted in Rhode Isl 1ting facility	2. Name of Corporation HALCO, Inc. 25. State of Incorporation RHODE ISLAND Ster of Business Conducted in Rhode Island ating facility ESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT.	2. Name of Corporation HALCO, Inc. 25. Office City East C 5. State of Incorporation RHODE ISLAND Ster of Business Conducted in Rhode Island String facility ESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FIXEDCREES	2. Name of Corporation HALCO, Inc. 25. Office City East Greenwich 5. State of Incorporation RHODE ISLAND 25. State of Incorporation RHODE ISLAND 25. State of Incorporation RHODE ISLAND 26. State of Incorporation RHODE ISLAND 27. State of Incorporation RHODE ISLAND 28. State of	2. Name of Corporation HALCO, Inc. 25. Office City State East Greenwich RI 5. State of Incorporation RHODE ISLAND State of Business Conducted in Rhode Island atting facility ESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) **EXEMPLIANCE Name

Street Address			Street Address		
114 Porter Str	eet		P.O. Box 2545		
City	State	Zip	City	State	Zip
Waterbury	CT	06708	Waterbury	CT	06723
Secretary Name			Treasurer Name		
Glen A. Harper			Robert L. Lanz		
Street Address			Street Address		
P.O. Box 2545			114 Porter Str	eet	
City	State	ZIp	Clly	State	ZIp
Waterbury	CT	06723	Waterbury	CT	06708
9. NAMES AND ADD Director Name	RESSES OF THE DI	RECTORS (*x* box for /	ATTACHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES STANFS CETUS21 Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE

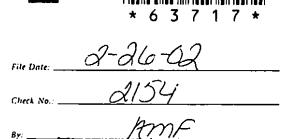
FOR SECRETARY OF STATE USE ONLY

City

1000 Common No Par Value

ZIp

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



State

ZIP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements complined herein are true and correct.

Antilure of Officer Glen A. Harper

Print or Type Name of Officer

Chairman & Secretary

Title of Officer **⋖**⊅ં ડે

Form 630 12:01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORI	PORATION y 1-March 1 •	ANNUAL RE	PORT FOR THE	YEAR 200	STOR PLEASE REA INSTRUCTIO
(FORM MUST BE TYPED IN BL 1. Corporate ID No. 63717	ACK) 2. Name of Corporal HALCO, In				
3. Street Address Principal Busines	•		City	State	Zip
125 Larch Road 4. Business Phone No. 885-6683	m	5. State of Incorporation RHODE ISLAN	East Greenwich	RI	02818 6. SIC Code 1883
7. Brief Description of the Charact	ter of Business Conducted I	n Rhade Island			
To operate a pla	ating facility	7			
8. NAMES AND ADDRE President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	:HMENT) FILL IN SPACES BI Ұнжысының Chair	efore using attac man Name	CHMENTS
Robert L. Lanz Street Address			Glen A. Harper Street Address		
114 Porter Stree	et		114 Porter Stree	t	
City	State	Zip	City	State	ZIp
Waterbury	CT	06708	Waterbury	CT	06708
Secretary Name Glen A. Harper			Treusurer Name Robert L. Lanz		
Street Address 1-14-Porter Street	et PO Box Z	2545	Street Address 114 Porter Stree	:t	
City Waterbury	State CT	^{Zip} 06723 06708	City Waterbury	State CT	^{zip} 06708
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*X* BOX FOR AT)	FACHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
Street Address			Street Address		·
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO F	PAR VALUE		1000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 6 3 7 1 7 *
3/27/2001
1991
OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Signature of Officer

Glen A. Harper Print or Type Name of Officer

Chairman & Secretary Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

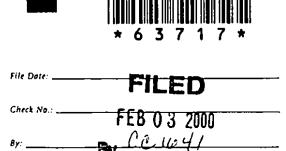
STOP PILVER UD EXARCE FRONTS

(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No.	2. Name of Corporati	on			
63717	HALCO, Inc	•			
3. Street Address Principal Busine	ess Office		City	State	Zip
125 Larch Road 4. Business Phone No.		5. State of Incorporation	East Greenwich	RI	02818 6. SIC Code
885-6683 7. Brief Description of the Charac	ter of Business Conducted in	RHODE ISLAN Rhode Island	D		1883
To operate a plant of the state		CERS ("X" BOX FOR ATTA		EFORE USING ATTA	ACHMENTS
Street Address			Street Address		
114 Porter Stre	o.t		114 Porter Stree	t	
City	State	Zip	City	State	Zip
Waterbury Secretary Name	СТ	06708	Waterbury Treasurer Name	CT	06708
Glen A. Harper Street Address			Robert L. Lanz Street Address		
114 Porter Stre	et		114 Porter Stree	t	
City	State	ZIp	City	State	Zip
Waterbury	CT	06708	Waterbury	CT	06708
9. NAMES AND ADDRI Director Name	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TTACHMENT) FILL IN SPACES Director Name	BEFORE USING AT	TTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHME	(דא:
AUTHORIZED SHARES			ISSUED SHARES		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

1000



FOR SECRETARY OF STATE USE

1,000 SHS COM NO PAR VAL

Class/Series

Number of Shares

Par Value

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 ferein are true and correct.

Class/Series

Common

Par Value

No Par Value

Signature of Officer

Glen A. Harper

Print or Type Name of Officer

Chairman & Secretary

Title of Officer



er

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 63717 2. Name of Corporation

HALCO, Inc.

	i, Street Address Principal Busin	iss Office
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City

East Greenwich

Glen A. Harper

114 Porter Street

State

Zip

125 Larch Road

S. State of Incornaration

ŘΙ

СT

CT

02818 6. SIC Code

1883

885-6683

4. Business Phone No.

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

To operate a plating facility.

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) кххххххххх Chairman Name

Street Address

114 Porter Street

Robert L. Lanz

City

Waterbury

Secretary Name

Glen A. Harper Street Address

114 Porter Street

Waterbury

CT

State

CT

06708

Robert L. Lanz

Street Address

Street Address

Waterbury

Treasurer Name

City

114 Porter Street

City

Waterbury

State

06708

Zip

06708

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

2.10

06708

Director Name

Street Address

Street Address

City

City

State

Zip

City

Director Name

Street Address

State

Zip

Director Name

Street Address

State

ZIp

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM NO PAR VAL

1000

Common

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 herely are true and correct.

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Sanature of Officer

Glen A. Harper

Print or Type Name of Officer

Chairman & Secretary

Title of Officer





(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

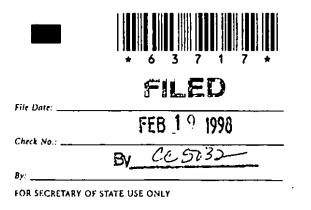
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 F

KOIII	COMIONALIO	1.4	ANNUAL	KLIOKI	ron	1 11 12	ILLA.
iling Period	: January 1-March I	•	Filing Fee: \$50.	.00			

No par value

1. Corporate ID No. 63717	2. Name of Corporation HALCO, Inc.				
3. Street Address Principal Business O 125 Larch Road	(fice		City Ea. Greenwich	State RI	zip 02818
4. Business Phone No. 885-6683		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of To operate a pla					
8. NAMES AND ADDRESS President Name Robert L. Lanz	ES OF THE OFFICE	RS (*X* BOX FOR ATTACHI	^{MENT)} ХХХХХХХХХ Chair Glen A. Harpe		
Street Address 114 Porter Stree	et-		Street Address 114 Porter St	reet	
^{City} Waterbury	State CT	Zip 06708	Waterbury	State . CT	^{Zip} 06708
Secretary Name Glen A. Harper		• .	Treasurer Name Robert L. Lan		•
Street Address 114 Porter Stree	et		Street Address 114 Porter St	reet	·
^{City} Waterbury	State CT	^{Zip} 06708	· city Waterbury	State CT	^{21p} 06708
9. NAMES AND ADDRESS: Director Name None	ES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	CHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	•	
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHE	MENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COM NO P	AR VAL		1000	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Office

<u>Glen A. Harper</u> Print or Type Name of Officer

Chairman & Secretary

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

63717

HALCO, Inc.

Street	Address	: Principal	Ausiness	Office
12	5 T.	arch	Roa	a

Cltv

State

7.1p 02818

4. Business Phone No.

5. State of Incorporation

RI

6. SIC Code

401-885-6683

RHODE ISLAND

1883

7. Bilef Description of the Character of Business Conducted in Rhode Island

To operate a plating facility

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

Robert L. Lanz

NONE Street Address

Street Address

114 Porter Street

Waterbury

CT

06708

City

State

210

Secretary Name

Street Address

City

City

City

Glen A. Harper

114 Porter Street

Treasurer Name

Robert L. Lanz

East Greenwich

Street Address

114 Porter Street

City

State

Zip

Waterbury

State CT

06708

Waterbury

CT

06708

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

Director Name

Street Address

NONE

Street Address

State

Zip

Zip

Zip

City

State

Director Name

Director Name Street Address

Street Address

State

City

State

ZIP

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

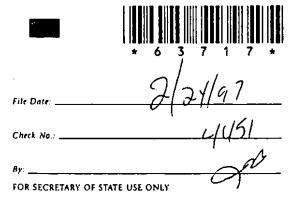
1,000 SHS COM NO PAR VAL

1,000

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 horself are true and correct.

Squature of Officer

Glen A. Harper Print or Type Name of Officer

Chairman & Secretary

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Knode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

. CORPORATE IO HO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
63717	HALCO	. Inc.			
STREET ADDRESS PRINCIPAL BUSINESS	S OFFICE		any	STATE	ZIP COOE
125 Larch Roa	ad		East Greenwid	ch RI	02818
401-885-6683		5 STATE OF PACORPORATION RHODE I	SLAND		6. SAC CODE 1883
BREF DESCRIPTION OF THE CHARACTES To operate a					
esident have Robert L. Lar	- •	MES AND ADDE	RESSES OF THE OF VICE PRESIDENT NAME	FICERS	
REET ADDRESS 114 Porter St	treet		STREET ADORESS	+ · · · · · · · · · · · · · · · · · · ·	
Waterbury	T STATE CT	2000E 06708	άπ	STATE	I DP CODE
Waterbury	CI	00708	TREASURER HAME		
Glen A. Harpe	er		Robert L. La	anz	
RETADORESS 114 Porter St	reet		STREET ADDRESS 114 Porter S	Street	
ry Toler by	STATE	ZIP COOK	any	STATE	ZP COOE
Waterbury	CT_	1 06708	Waterbury	' CT	<u>j</u> 06708
RECTOR NAME	9. MA	MES AND ADDI	RESSES OF THE DI	RECTORS	<u> </u>
TREET ADORESS			STREET ADDRESS		
тү	STATE	ZIP CODE	СПУ	STATE	ZIP COOE
RECTOR HAVE			OPECTOR NAME		
REET ADDRESS	 		STREET ADDRESS		
· · · · · · · · · · · · · · · · · · ·	STATE	ZP C00E	ОПУ	STATE	ZIP C00E
•	- 10. \$	HARES AUTHOR	RIZED AND ISSUED	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES	PAR VALUE
	· 		1,000	Common	No Par Value
1,000 SHS	COM NO PAR VAL	<u> </u>		+	INO FAI VAIUE
- 			- <u>-</u>	 	
				1	1
			ONED IN INICE CONT.		
Pr			GNED IN INK by either th stant Secretary, Treasurer,		ee
			report, including	f perjury, I declare and any accompanying sc ontained herein are true	d affirm that I have examined hedules and statements, and statements, and correct.
File Date:	1/18/96	·	Signature of Offi	n KHa	apr

For Secretary of State Use Only

w

By:

Chairman & Secretary
Title of Officer

Print or Type Name of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNE	D.
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Corporate ID:		Annual Rer	Annual Report for the year:		
·	HALCO, Inc.		, , , , , , , , , , , , , , , , , , ,		
Name of Corporation: Business entity organized under the laws of the State of: RI For foreign entity, address and telephone number of principal office:		office: [X.] Bu	Business Entity is (check one): [X.] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: () Address and telephone of the pri Island (Provide street address - 1 125 Larch East Green	Not P.O. Box):	y in Rhode	pperate_a_plating_facil		
Phone: (401) 885	6683				
	TH	E NAMES OF THE OFFICI	ERS ARE:		
PRESIDENT		STREET ADDRESS	CITY/STATE	ZIP CODE	
Robert L. Lanz		STREET ADDRESS	Waterbury CT	06708 ZIP CODE	
SECRETARY Glen A. Harper	114 6	STREET ADDRESS	Waiterbury CT	zir сове 06708	
Robert L. Lanz	114	Porter St	Water bury CT	06708	
NAME	THE	NAMES OF THE DIRECT STREET ADDRESS	ORS ARE: CITY-STATE	ZIP CODE	
NAME		STREET ADDRESS	CITY/STATE	ZIPCODE	
NAME		STREET ADDRESS	CITY/STÂTE	ZIP CODE	
NUMBER OF SHARES AUTHOR	RIZED (Rider may be attached)	NUMBER C	OF SHARES ISSUED AND OUTSTANDING (R		
Number of Shares	Class / Series	Number of	Shares Class / Series		
1,000	Common	1,000	Common		
Date <i>Fe.</i> 6	<u>28 19 95</u>	By: Mer Glen A.	Harper		
Form 31 1/95		PRINT OR TYPE NAME OF OFF TITLE OF OFFICER SIGNING	Secretary 5		
		GISTERED AGENT FOR S			
PLEASE NOTE: If the register	ed office and/or registered ag	ent indicated below is incorrect, I	Form 9 must be filed.		

ROBERT D. WIECK 101 DYER STREET PROVIDENCE RI 02908

CX#3462 AD

bring fee \$50.00. Payable to: Secretary of State

PLEASE TYPE or PHINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

Business Entity:	Comorate ID.	0063717		Annual Report for th	e year	1994	
Summer comparation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) Professional Service Corporation (See RIGL Chapter 7-5.1)	•			·			
Glen A. Harpar, Chairman 70 Prenchtown Rd., Suite 157 North Kingstown, RI 02852 Address and telephone of the principal effice of business entity in Rhode Island (Provide street address. Noir PO Boat.) 70 Prenchtown Road, Suite 157 North Kingstown, RI 02852 North Kingstown, RI 02852 Date of Organization: March. 22, 1991 Date of Ogalification to do business in Rhode Island (if foreign entity) Frenchtown Rd. N. Kingstown, RI 02852 Constitution of the character of business conducted in Rhode Island To operate a plating facility Date of Organization: March. 22, 1991 Date of Organization March. 23, 1991 Date of Organization March. 24, 1991 Date of Organization March. 24, 1991 Date of Organization March. 24, 1991 Date of Organization	Business entity organized under the laws of the State ofRI			[X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)			
North Kingstown, RI 02852 Address and telephone of the principal office of business cently in Rhode Island (Provide street address. Not PO) Box). 70 Frenchtown Road, Suite 157 North Kingstown, RI 02852 North Kingstown, RI 02852 Date of Organization: March 22, 1991 Date of Organization: March 22, 1991 Date of Organization to do business in Rhode Island. To operate a plating facility North Kingstown, RI 02852 Date of Organization: March 22, 1991 Date of Organization to do business in Rhode Island. If foreign entity) L'INTERNITY RECEDITION OF THE OFFICERS ARE: L'INTERNITY RECEDITION OF THE OFFICERS ARE: CHARLES OF THE NAMES OF THE OFFICERS ARE: CHARLES OFFICERS OFFICERS ARE: CHARLES OFFICERS OFFICERS OFFICERS ARE: CHARLES OFFICERS OF				Glen A. J	larpar, <u>Cha</u>		
Address and telephone of the principal office of business entity in Rhode bland (Privade strett address - Nor PO Boal. 70 Prenchtown Road, Suite 157 North Kingstown, RI 02852 Date of Organization. March 22, 1991 Date of Organization. March 22, 1991 Date of Organization to do business in Rhode Island (if foreign entity) THE NAMES OF THE OFFICERS ARE: (Invalid: Invalid: Inv	<u> </u>						
Date of Organization March 22, 1991 Date of Organization March 22, 1991 Date of Organization to do business in Rhode Island (if foreign entity) THE NAMES OF THE OFFICERS ARE: STRIPT ADDRESS ROBert I., Lanz Suite 157, 70 Frenchtown Rd, N. Kingstown, RI 02852 Contribution actions of Extremalation control March 2008, Constant Contribution actions (Contribution Control March 2008) Contribution actions (Control March 2008) Control March 2008) **And Chairman The Names of Fitte Directors ARE: STREET ADDRESS CONSTANT **And Chairman Control March 2008) **And Chairman Chairman Control March 2008 **And Chairman Control March 2008 **Control Class Common	Address and telephone o Island (Provide street add	f the principal office of business entity in dress - Not P.O. Box).	Rhode	Brief statement of the character of business conducted in Rhode Island:			
Date of Organization: March 22, 1991 Date of Qualification to do business in Rhode Island (if foreign entity) THE NAMES OF THE OFFICERS ARE: Understand the Control of t			— i	To operat	<u>te a pratin</u>	ig raciii	<u></u>
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CONTRIBUTION OF STREET ADDRESS CLOSTATE NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 1,000 CLASS COMMON SERIES COMMON SERIES CLOSTATE AND CLOSTATE STREET ADDRESS COMMON NUMBER 1,000 CLASS COMMON CLASS COMMON SERIES PAR VALUE OR NO PAR VAlue WITHOUT PAR Date JULy 5 19 94 By CLOR A. Harper THE STREET ADDRESS		ROW TYPECTERS TO NO.	Frencht	own Rd,	N. Ki	ngstown,	
Compensation of the control of the c	CHIEF OPERATING OFFICE	R OR - E VICE PRESIDENT (CHES ON)	STREET ADD	RESS	CITYSTAIL		ZIP CODI:
ROBERT L. Lanz, Suite 157, 70 Frenchtown Rd., N. Kingstown, RI 702852 **And Chairman THE NAMES OF THE DIRECTORS ARE: NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER I,000 CLASS Common CLASS Common SERIES PAR VALUE OR NO Par Value WITHOUT PAR Date Tuly 5 19 94 By Closter Shares School Chairman THELOGOFFICE SCHOOL THE NAMES OF THE DIRECTORS ARE: NUMBER CIVSTAM: 2005 NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER I,000 CLASS Common SERIES Common SERIES PAR VALUE OR NO Par Value WITHOUT PAR THELOGOFFICE SCHOOL Chairman THELOGOFFICE SCHOOL THE OF OFFICE SCHOOL THE NAMES OF THE DIRECTORS ARE: NUMBER OF SHARES CHASTAM: 2005 THE NAMES OF THE DIRECTORS ARE: NUMBER OF SHARES CHASTAM: 2005 THE NAMES OF THE DIRECTORS ARE: THE NAMES OF THE DIRECTORS ARE: CHASTAM: 2005 THE NAMES OF THE DIRECTORS	Glen A. Har	rper, Suite 157, 70	Frenchto	own Rd.,	N. Kings	town, RI	
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NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 1,000 NUMBER 1,000 CLASS COMMON SERIES PAR VALUE OR NO PAR Value WITHOUT PAR Date JULY 5 19 94 By Glen A. Harper Filled of TYPE HAMBE OF CHEES SOUNG Chairman THE OF OFFICER SIGNING	NAME		STREET ADD	PRESS	CITASTATE		7.6(00).
NUMBER 1,000 CLASS COMMON CLASS COMMON SERIES PAR VALUE OR NO Par Value WITHOUT PAR Date Tuly 5 19 94 By: Glen A. Harper FRINT OR TYPE NAME OF OFFICER SIGNING Chairman TITLE OF OFFICER SIGNING FOR THE LAST COMMON TOTAL OF OFFICER SIGNING	NAME		STREET AUG	DRI.SS	CITYSTATE		\$16 CODE
CLASS COMMON SERIES PAR VALUE OR NO Par Value WITHOUT PAR Date Tuly 5 19 94 By: Class Common SERIES PAR VALUE OR NO Par Value WITHOUT PAR By: Class Common PAR VALUE OR NO Par Value WITHOUT PAR Clan A. Harper PRINT ON TYPE NAME OF OFFICER SIGNING Chairman TITLE OF OFFICER SIGNING	NUMBER OF SHARE	S AUTHORIZED (If Applicable)		NUMBER OF SHA	RES ISSUED AND	OUTSTANDING	G (If Applicable)
SERIES PAR VALUE OR NO Par Value WITHOUT PAR Date Tuly 5 19. 94 By: Glen A. Harper FRIENT ON TYPE NAME OF OFFICER SIGNING Chairman RELECTOFFICER SIGNING FORM 31. 1.94 FORM 31. 1.94 TULY 3 20 99	NUMBER	1,000		NUMBER	1,000		
PAR VALUE OR NO Par Value WITHOUT PAR Date Tuly 5 19 94 By: Glen A. Harper FRINT ON TYPE NAME OF OFFICER SIGNING Chairman RELECTOFFICER SIGNING FORM 31 1884 F. Chairman	CLASS	Common		CLASS	Common		
Date July 5 19 94 By: MITHOUT PAR Date July 5 19 94 Glen A. Harper FRINT ON TYPE NAME OF OFFICER SIGNING Chairman TITLE OF OFFICER SIGNING	SERIES			SERIES			
Glen A. Barper PRINT OR TYPE NAME OF OFFICER SIGNING Chairman TITLE OF OFFICER SIGNING Form 31 1.94 F. C. 2007		No Par Value			No Par Va	lue	
Chairman THE OF OFFICER SIGNING FORM 31 1.74 F. C. 2019	Date	ely 5.19. 94	. /c	Gler,	AH	age	
Form 31 1.44 3 C P M 1/4 3071		BLAD	^{PRINT} OĀ T Cha i	YPE NAME OF OFFICER SIGN	<u> </u>	/	
<u> </u>	Form 31 1.94 3 1	UL 1 9 1994 304P	20				
	. <u> </u>	Chan (A	D OR RESIDE	ENT AGENT FOR	SERVICE OF PI	ROCESS:	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0063717		Annual Report	for the year	1993
First: The name of	f the corporation is HALCO.	Inc.	•	
Second: It is incorp	porated under the laws ofR	hode Island		
THIRD: Character o	f business, briefly stated, ist.	o operate a pla	ting faci	lity
FOURTH: If foreign	corporation, address of its prin	cipal office		
	lress in Rhode Island Suite			
Kingstown, Rho	ode Island 02852		••••••••••••••••••	••••••••••
SIXTH: Names and a	addresses of its directors and of		luding number, stree	(Attach rider if necessary)
······································	Director		••••••	
	O.I.G.I.I.IIGII	Suite 15/		······
Glen A. Harper	Director	70 Frenchtown R	d., N. Ki	ingstown, RI 02852
Robert L. Lanz	President	u	••••••	••••••
	Vice President		· · · · · · · · · · · · · · · · · · ·	
Glen A. Harper	Secretary		•••••	••
Robert L. Lanz	Treasurer	11		·····
SEVENTH: Number of	of Shares authorized:			Par Value or statement that
No. of Shares	Class	Series	.c.iVA	shares are without par value
1,000	Common	world a prised Jul	13 633	No Par Value
Erryrayre Normalism of		A STATE OF THE PARTY OF THE PAR	137,	J Par Value
Eighth: Number of	f Shares issued:		- Rock	Par Value or statement that
No. of Shares	Class	Series		shares are without par value
1,000	Common		υ ₂	No Par Value
Dated July	17	LCO, Inc.	······y·····	
	(Na	me of Corporation)	111.	N.
	By.	/ Sunt	No.	/
(Report must be si	gned by an officer) Titl	le Chairm	an '	•••••

Form 31 1/85

State of Rhode Island and Providence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	3.7.2.7	Annual Report for the	ie year
FIRST: The name of the	e corporation is	HALCO. Inz	
Second: It is incorpora	ated under the laws of	Rhode Island	
THIRD: Character of bi	usiness, briefly stated, is	to operate a platin	ng facility
FOURTH: If foreign cor	poration, address of its p	rincipal office	
•		te 157, 70 Frenchtow	n Road, North
Kingstown, Rhode	Island UZ85Z'	•••••••••••••••••••••••••••••••••••••••	
SIXTH: Names and add	resses of its directors and		(Attach rider if necessary) number, street, zip code)
	Director	·····	
	Director		
	Chairman		
Glen A. Harper	Director	***************************************	, N. Kingstown, RI 02852
Robert L. Lanz	President		
	Vice Presid	ent	
Glen A. Harper		11	
Robert L. Lanz	Treasurer	11	••••
Seventh: Number of S	Shares authorized:		Par Value
SEVENTA. INMINISCI OF	mares authorized.		or statement that shares are without
No of Shares	Class	Series	par value
1,000	Common	lec'd & Filed DEC 3 1 199	No Par Value
Eighth: Number of Si	Pares issued:	lec,q & Lues Dea	Par Value
ElGHTH. Number of Si	iares issueu.		or statement that shares are without
No. of Shares	Class	Series	par value
1,000	Common		No Par Value
Dated December 31		HALCO, Inc.	7
		By Len H	Hayin
(Report must be signe	d by an officer)	Fille Chairman	//