



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00


→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

JAN 18 2019

BY 10648
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1. Entity ID Number 9474		2. Exact name of the Corporation TEKNICOTE, INC.			
3. Principal Office Address 10 New Road, Suite 400			City Rumford	State RI	Zip 02918
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Coating of materials			
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 Steven J. Dolan			Vice-President Name Jeffrey A. Nathan		
Street Address 10 New Road, Suite 400			Street Address 10 New Road, Suite 400		
City Rumford	State RI	Zip 02918	City Rumford	State RI	Zip 02918
Secretary Name Alan D. Nathan			Treasurer Name Jeffrey A. Nathan		
Street Address 10 New Road, Suite 400			Street Address 10 New Road, Suite 400		
City Rumford	State RI	Zip 02918	City Rumford	State RI	Zip 02918
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
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 Steven J. Dolan, President					Date 1/15/19
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov