

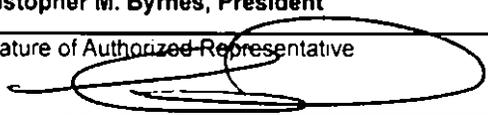


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAnIP

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.

| | | | | | |
|---|--------------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 44829 | | 2. Exact name of the Corporation Contech Medical, Inc. | | | |
| 3. Principal Office Address 99 Hartford Avenue | | | City Providence | State RI | Zip 02909 |
| 4. NAICS Code 339112 | | 6. Brief description of the character of business conducted in Rhode Island Medical packaging. | | | |
| 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 Christopher M. Byrnes | | | Vice-President Name Frank E. Barrett | | |
| Street Address 13 Orchid Trail | | | Street Address 500 Nausauket Road | | |
| City Coventry | State RI | Zip 02816 | City Warwick | State RI | Zip 02886 |
| Secretary Name Frank E. Barrett | | | Treasurer Name Christopher M. Byrnes | | |
| Street Address same as above | | | Street Address same as above | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | 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 | | PAR VALUE |
| | | | CLASS/SERIES | | |
| | | | 196 | 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 Christopher M. Byrnes, President | | | | Date 1/14/19 | |
| Signature of Authorized Representative  | | | | SIGN DOCUMENT HERE | |

FILED

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

JAN 28 2019
 BY 15875

 FORM 630 - Revised: 10/2017