

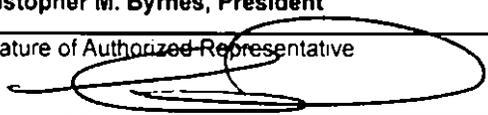


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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		CLASS/SERIES
			196		PAR VALUE
			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

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
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 FORM 630 - Revised: 10/2017