



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.

STARS

1. Entity ID Number 000092151		2. Exact name of the Corporation ViTex, Inc.	
3. Principal Office Address 44 SOUTHWEST AVENUE		City JAMESTOWN	State RI
		Zip 02835	
4. NAICS Code 562112	6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, PRODUCE, PURCHASE OR OTHERWISE ACQUIRE, AND TO DEAL IN, DISTRIBUTE, SELL OR OTHERWISE DISPOSE OF CHEMICALS OF EVERY DESCRIPTION.		
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 ELIZABETH ANN ROACH		Vice-President Name ROBERT N. ROACH, III	
Street Address 670 IVES ROAD		Street Address 64 GREEN LANE	
City WARWICK	State RI	City JAMESTOWN	State RI
Zip 02818		Zip 02835	
Secretary Name ROBERT N. ROACH, III		Treasurer Name ELIZABETH ANN ROACH	
Street Address 64 GREEN LANE		Street Address 670 IVES ROAD	
City JAMESTOWN	State RI	City WARWICK	State RI
Zip 02835		Zip 02818	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
		PAR VALUE 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 ELIZABETH ANN ROACH, PRESIDENT			Date 01/16/19
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

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FORM 630 - Revised: 10/2017