



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

**Annual Report for the year: 2019**  
**Corporation**

**STAMP**

- 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 <b>001675666</b>		2. Exact name of the Corporation <b>US EXTRUDERS, INC.</b>	
3. Principal Office Address <b>87 Tom Harvey Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
4. NAICS Code <b>236210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Extruder Manufacturer</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Daniel Schilke</b>		Vice-President Name	
Street Address <b>87 Tom Harvey Road</b>		Street Address	
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
Secretary Name <b>Daniel Schilke</b>		Treasurer Name <b>Daniel Schilke</b>	
Street Address <b>87 Tom Harvey Road</b>		Street Address <b>87 Tom Harvey Road</b>	
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>common</b>
			<b>no par value</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>Daniel Schilke</b>			Date <b>1/17/19</b>
Signature of Authorized Representative <i>[Signature]</i>			
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 30 2019**

BY 10/12/19 DS

FORM 630 - Revised: 02/2017