



State of Rhode Island and Providence Plantations

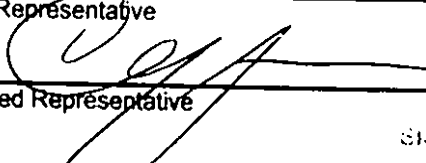
Department of State - Business Services Division

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.

1. Entity ID Number 70683		2. Exact name of the Corporation Mereco Technologies Group, Inc	
3. Principal Office Address 8 Ricker Ave		City Londonderry	State NH
		Zip 03053	
4. NAICS Code 31- 522293	6. Brief description of the character of business conducted in Rhode Island Acquire, own, hold, sell, assign, transfer and deal in shares of other corporations		
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 Robert Moor		Vice-President Name Christopher Fletcher	
Street Address 8 Ricker Ave		Street Address 8 Ricker Ave	
City Londonderry	State NH	City Londonderry	State NH
	Zip 03053		Zip 03053
Secretary Name Robert Moor		Treasurer Name Robert Moor	
Street Address 8 Ricker Ave		Street Address 8 Ricker Ave	
City Londonderry	State NH	City Londonderry	State NH
	Zip 03053		Zip 03053
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert Moor		Director Name	
Street Address 8 Ricker Ave		Street Address	
City Londonderry	State NH	City	State
	Zip 03053		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		300	CNP
			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		Date 1/31/19	
Signature of Authorized Representative 		FILED	
		FEB 08 2019	
		BY 1105 DS	