RI SOS Filing Number: 201986442190 Date: 2/11/2019 4:00:00 PM

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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.

Entity ID Number	2. Exact nan	2. Exact name of the Corporation							
68263		General Plating, Inc.							
3. Principal Office Address			City		State	Ζo			
236 Main Channel, #1			Warwick		RI	02889			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
331410	General bu	General business of electroplating							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names a	and addresses)				ck the box to in	dicate an attachment			
President Name Peter K. Dietrich			Vice-President Name Peter K. Dietrich						
Street Address 236 Main Cha	Street Address 236 Main Channel, #1								
City Warwick	State RI	Zıp 02889	City Warwick		State RI	State RI Zip 02889			
Secretary Name Peter K. Dietrich			Treasurer Name Peter K. Dietrich						
Street Address 236 Main Channel, #1			Street Address 236 Main Channel, #1						
City Warwick	State RI	Zip 02889	City Warwick		State RI	ISlata IZ.a			
8. List ALL directors (names	and addresses)	1	<u>I</u>	Che	eck the box to in	ndicate an attachment			
Director Name None			Director Name	e					
Street Address			Street Address						
City	State	Zip	City		State	Z.p			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City	<u> </u>	State	Z:p			
9 Shares Authorized	<u>.</u>	10. Shares Issu		Check the box to indicate an attachment					
This information is currently of record in the		NUVBER OF SHARES			CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		2000		CNP		\$0.00			
11. This report must be exectivistee, this report must be exec	cuted on behalf of the	corporation by an a	authorized repre	sentative. If the co	rporation is in the	ne hands of a receiver or			
Under penalty of perjury, I	declare and affirm	that i have examin	ed this report, i		ompanying so	hedules and			
statements, and that all st		herein are true ar	d correct.						
Name of Authorized Representative Peter K. Dietrich, President Date 2///									
Signature of Authorized Rep	presentative (<u></u>	En .	/_	<u> </u>			
Peterk	with	Lo GONDA	CLIMENT PAR	LEU (V					

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov