



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.

STAMP

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| 1. Entity ID Number 000126593 | | 2. Exact name of the Corporation DYNAMATION TRANSDUCERS CORPORATION | | | |
| 3. Principal Office Address 28 ORCHARD HILL DRIVE | | City RICHMOND | | State RI | Zip 02892 |
| 4. NAICS Code 443142 | | 6. Brief description of the character of business conducted in Rhode Island SALES OF ELECTRONIC COMPONENTS | | | |
| 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 JAMES DYNE | | | Vice-President Name NONE | | |
| Street Address 28 ORCHARD HILL DRIVE | | | Street Address | | |
| City RICHMOND | State RI | Zip 02892 | City | State | Zip |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| Street Address | | | Street Address | | |
| 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 JAMES DYNE | | | Director Name NONE | | |
| Street Address 28 ORCHARD HILL DRIVE | | | Street Address | | |
| City RICHMOND | State RI | Zip 02892 | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| 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 | PAR VALUE |
| | | NONE | | | |
| 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 JAMES DYNE | | | | Date 2/18/19 | |
| Signature of Authorized Representative <i>James Dyne</i> | | | | <div style="text-align: center;"> S ON DOCUMENT HERE FILED <i>or</i> FEB 21 2019 </div> | |