



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.

FILED

STAMP

FEB 27 2019

FOR

BY

1811 DS

1. Entity ID Number 000085576		2. Exact name of the Corporation New England Catalytic Technologies, Inc.			
3. Principal Office Address 87 Hargraves Drive			City Portsmouth	State RI	Zip 02871
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island To manufacture, sell, distribute, assemble, and otherwise deal in catalytic heaters for manufacturing industries of all types			
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 Michael Chapman			Vice-President Name		
Street Address 87 Hargraves Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name		
Street Address 38 Bellevue Avenue, Suite H			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Chapman			Director Name		
Street Address 87 Hargraves Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
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 VA. JE		
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 Michael Chapman				Date 2/20/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	