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## State of Rhode Island and Providence Plantation

## **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 2 8 2019	FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 2. Exact name of the Corporation 852677 SYNOVOS, INC. 3. Principal Office Address State **16888 STATE ROUTE 706** MONTROSE PA 18801-6616 4. NAICS Code Brief description of the character of business conducted in Rhode Island Sale of Maintenance Repair and Operational (MRO) Storeroom Management Services State of Incorporation PA List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Robert M. Larney President Name Carlos L. Tellez Street Address
Two Radnor Corporate Center Suite 400 Street Address Two Radnor Corporate Center, Suite 400 State PA City Radnor City Radnor State <sup>Zıp</sup> 19087 <sup>Zıp</sup> 19087 Treasurer Name Marilyn Dawes Secretary Name Susan G. Newhart Street Address 16888 State Route 706 Street Address 16888 State Route 706 State PA City Montrose City Montrose State <sup>Zip</sup> 18801-6616 Zip 18801-6616 PA 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Don Yount Director Name Lawrence E. Newhart Street Address 116 Research Dr Street Address 16888 State Route 706 <sup>Zip</sup> 18015 City Bethlehem <sup>Zıp</sup> 18801**-661**6 Montrose Director Name Robert Giorgio Director Name Stephen J. Clearman Street Address 2 Carly Court Street Address One Executive Drive, Suite 160 City Fort Lee State State Žip 07024 City Voorhees 08043 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES This information is currently of record in the Department of State. 7,191,366 Common 0.01 Changes require an additional filing. 3.988.754 Preferred/A, B, C 0.01 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

Signature of Authorized Representative

Name of Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:

**Division of Business Services** 

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

statements, and that all statements contained herein are true and correct.

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

Marilyn Dawes