



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 001665128 | | 2. Exact name of the Corporation GREPHENIA INC. | | | |
| 3. Principal Office Address 780 RESERVOIR AVE. | | City CRANSTON | | State RI | Zip 02910 |
| 4 NAICS Code 312111 | | 6. Brief description of the character of business conducted in Rhode Island MANUFACTURE OF CARBON NANOMATERIALS | | | |
| 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 EDWARD R JOSEPH | | Vice-President Name EDWARD R JOSEPH | | | |
| Street Address 1141.5 HARTFORD AVE. | | Street Address 1141.5 HARTFORD AVE. | | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| Secretary Name EDWARD R JOSEPH | | Treasurer Name EDWARD R JOSEPH | | | |
| Street Address 1141.5 HARTFORD AVE. | | Street Address 1141.5 HARTFORD AVE. | | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name NONE | | Director Name NONE | | | |
| Street Address NONE | | Street Address NONE | | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| Director Name NONE | | Director Name NONE | | | |
| Street Address NONE | | Street Address NONE | | | |
| City NONE | State NONE | Zip NONE | City NONE | State NONE | Zip NONE |
| 9 Shares Authorized 100 | | 10 Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | NONE | NONE | NONE | |
| | | NONE | NONE | 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 Edward R Joseph | | | | Date 2/25/19 | |
| Signature of Authorized Representative <i>Edward R Joseph</i> | | | | FILED SIGN DOCUMENT HERE | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 27 2019

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