



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILEDJAN 29 2020 *ae*ny *1236*

1. Entity ID Number 124603		2. Exact name of the Corporation RIHTCO, Inc.			
3. Principal Office Address 10 Gosnold Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code <i>331690</i>		6. Brief description of the character of business conducted in Rhode Island Heat treating facility for metals industry			
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 Robert A. Emerson			Vice-President Name Mary Zarour Emerson		
Street Address 10 Gosnold Road			Street Address 10 Gosnold Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert A. Emerson			Treasurer Name Mary Zarour Emerson		
Street Address 10 Gosnold Road			Street Address 10 Gosnold Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 VALUE		
			None	Common	No Par Value
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 Robert A. Emerson					Date <i>1/4/20</i>
Signature of Authorized Representative <i>Robert A. Emerson</i>					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