



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

FEB 05 2020

SV

13413

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.

| 1. Entity ID Number<br><b>68263</b>                                                                                                                                                                                                               |                    | 2. Exact name of the Corporation<br><b>General Plating, Inc.</b>                                                         |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|------------------|--------------|-----------|-------------|------------|------------|--|--|--|
| 3. Principal Office Address<br><b>236 Main Channel, #1</b>                                                                                                                                                                                        |                    |                                                                                                                          | City<br><b>Warwick</b>                                                                                                                                                                                                                                       | State<br><b>RI</b>      | Zip<br><b>02889</b> |                  |              |           |             |            |            |  |  |  |
| 4. NAICS Code<br><b>331410</b>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>General business of electroplating</b> |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| 5. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                                                                  |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>                                                                                                   |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| President Name<br><b>Peter K. Dietrich</b>                                                                                                                                                                                                        |                    |                                                                                                                          | Vice-President Name<br><b>Peter K. Dietrich</b>                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| Street Address<br><b>236 Main Channel, #1</b>                                                                                                                                                                                                     |                    |                                                                                                                          | Street Address<br><b>236 Main Channel, #1</b>                                                                                                                                                                                                                |                         |                     |                  |              |           |             |            |            |  |  |  |
| City<br><b>Warwick</b>                                                                                                                                                                                                                            | State<br><b>RI</b> | Zip<br><b>02889</b>                                                                                                      | City<br><b>Warwick</b>                                                                                                                                                                                                                                       | State<br><b>RI</b>      | Zip<br><b>02889</b> |                  |              |           |             |            |            |  |  |  |
| Secretary Name<br><b>Peter K. Dietrich</b>                                                                                                                                                                                                        |                    |                                                                                                                          | Treasurer Name<br><b>Peter K. Dietrich</b>                                                                                                                                                                                                                   |                         |                     |                  |              |           |             |            |            |  |  |  |
| Street Address<br><b>236 Main Channel, #1</b>                                                                                                                                                                                                     |                    |                                                                                                                          | Street Address<br><b>236 Main Channel, #1</b>                                                                                                                                                                                                                |                         |                     |                  |              |           |             |            |            |  |  |  |
| City<br><b>Warwick</b>                                                                                                                                                                                                                            | State<br><b>RI</b> | Zip<br><b>02889</b>                                                                                                      | City<br><b>Warwick</b>                                                                                                                                                                                                                                       | State<br><b>RI</b>      | Zip<br><b>02889</b> |                  |              |           |             |            |            |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>                                                                                                  |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| Director Name<br><b>None</b>                                                                                                                                                                                                                      |                    |                                                                                                                          | 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                              |                    |                                                                                                                          | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>                                                                                                                                       |                         |                     |                  |              |           |             |            |            |  |  |  |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                          | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>2000</b></td> <td><b>CNP</b></td> <td><b>\$0</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                         |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>2000</b> | <b>CNP</b> | <b>\$0</b> |  |  |  |
| NUMBER OF SHARES                                                                                                                                                                                                                                  | CLASS/SERIES       | PAR VALUE                                                                                                                |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| <b>2000</b>                                                                                                                                                                                                                                       | <b>CNP</b>         | <b>\$0</b>                                                                                                               |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| 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. |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| <b>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.</b>                                       |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |
| Name of Authorized Representative<br><b>Peter K. Dietrich, President</b>                                                                                                                                                                          |                    |                                                                                                                          |                                                                                                                                                                                                                                                              | Date<br><b>2-5-2020</b> |                     |                  |              |           |             |            |            |  |  |  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |                    |                                                                                                                          |                                                                                                                                                                                                                                                              |                         |                     |                  |              |           |             |            |            |  |  |  |