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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED STAMP
FEB 24 2020
BY 027737 DS

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	2. Exact name of the Corporation
23412	ROCHESTER MIDLAND CORPORATION

3. Principal Office Address	City	State	Zip
155 PARAGON DRIVE	ROCHESTER	NY	14624

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
325611	SALES OF SPECIALTY CHEMICALS
5. State of Incorporation: NEW YORK	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name	Street Address	City	State	Zip
GLENN A PAYNTER	155 PARAGON DRIVE	ROCHESTER	NY	14624

Vice-President Name	Street Address	City	State	Zip
JAMES D HAYDEN	155 PARAGON DRIVE	ROCHESTER	NY	14624

Secretary Name	Street Address	City	State	Zip
MARY K INGERSOLL	155 PARAGON DRIVE	ROCHESTER	NY	14624

Treasurer Name	Street Address	City	State	Zip
DOUGLAS M MILLER	155 PARAGON DRIVE	ROCHESTER	NY	14624

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name	Street Address	City	State	Zip
HARLAN D CALKINS	155 PARAGON DRIVE	ROCHESTER	NY	14624

Director Name	Street Address	City	State	Zip
H. BRADLEY CALKINS	155 PARAGON DRIVE	ROCHESTER	NY	14624

Director Name	Street Address	City	State	Zip
KATHERINE C LINDAHL	155 PARAGON DRIVE	ROCHESTER	NY	14624

Director Name	Street Address	City	State	Zip
GLENN A PAYNTER	155 PARAGON DRIVE	ROCHESTER	NY	14624

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
256284	1	.1875
1139920	10	1.2500

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	Date
TAMMY EDELBACH, CORP VP & CONTROLLER	2/19/20

Signature of Authorized Representative: Tammy Edelbach

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

FORM 630 - Revised: 10/2017