



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

**FILED**

Annual Report for the year: 2020  
 Corporation

MAR 05 2020

BY 3907 DS

- 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 <b>001666904</b>		2. Exact name of the Corporation <b>ELEMENT INDUSTRIES, INC.</b>			
3. Principal Office Address <b>48 BALLOU BLVD</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>335991</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURING</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>JONATHAN CRAIG</b>			Vice-President Name		
Street Address <b>77 AUCCOOT ROAD</b>			Street Address		
City <b>MATTAPOISSETT</b>	State <b>MA</b>	Zip <b>02739</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <b>0</b>	CLASS/SERIFS	PAR VALUE <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 <b>JONATHAN CRAIG</b>				Date <b>1/31/2020</b>	
Signature of Authorized Representative 				S.GN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3640  
 Website: www.sos.n.gov