



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

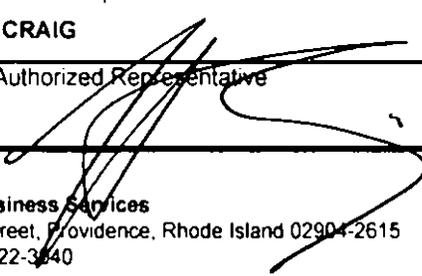
FILED

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 001666904 | | 2. Exact name of the Corporation ELEMENT INDUSTRIES, INC. | | | |
| 3. Principal Office Address 48 BALLOU BLVD | | | City BRISTOL | State RI | Zip 02809 |
| 4. NAICS Code 335991 | | 6. Brief description of the character of business conducted in Rhode Island MANUFACTURING | | | |
| 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 JONATHAN CRAIG | | | Vice-President Name | | |
| Street Address 77 AUCOOT ROAD | | | Street Address | | |
| City MATTAPOISSETT | State MA | Zip 02739 | 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. | | | NUMBER OF SHARES | | CLASS/SERIFS |
| | | | 0 | | PAR VALUE |
| | | | 0 | | |
| 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 JONATHAN CRAIG | | | | Date 1/31/2020 | |
| 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