RI SOS Filing Number: 202035947020 Date: 3/5/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV
2020 MAR -5 P 2:16

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		
000507106	Instrument Specialties, Inc.		
3. Principal Office Address	City	State	Zip
65 Foliage Drive	North Kingstown	RI	02852
4. NAICS Code: 811190	6. Brief description of the character of business conducted in Rhode Island: INTRUMENT REMANUFACTURING		
5. State of Incorporation: Rhode Island/USA.			

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

President Name	Street Address	City	State	Zip
Michael L. Mancini	44 Fairlawn Ave	Oxford	MA	01540

Vice-President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
None				

Treasurer Name	Street Address	City	State	Zip
None				

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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
N/A	N/A	N/A
11	11	11

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
Michael L. Mancini	2-28-20

Signature of Authorized Representative: Michael L. Mancini — SIGN DOCUMENT HERE

FILED
MAR 05 2020

BY 15282

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