

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILEU	
GCT 0 2 2020	
35159	

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Entity ID Number	2. Exact name of the Corporation							
3901	CENTRAL SCALE COMPANY							
3. Principal Office Address	<u>.</u>		City		State	Zip		
2027 ELMWOOD AVENUE			WARWICK		RI	83888		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
811310	ENGAGING IN THE BUSINESS OF MANUFACTURING, PRODUCING, SELLING AND REPAIRING							
5. State of Incorporation	EQUIPMENT AND PRODUCTS							
RHODE ISLAND								
7. List ALL officers (names and ac	ldresses)				ne box to ir	ndicate an attachment 🔲		
President Name	SER MAHHE	d BEISSERJA	Vice-President	MATTHEW GE	ISSER, JF	₹.		
Street Address 32 PRINCETON AVENUE P.O. BOX 8549			Street Address P.O. BOX 8549					
City WARWICK	State RI	Zip 02006	City WARWIG		State RI	Zip 02886 03.888		
				Treasurer Name MATTHEW GEISSER, JR.				
Street Address 32 PRINCETON AVENUE P.D. BOX 8549			Street Address P.O. BOX 8549					
City WARWICK	State RI	ZIP 02885	City WARWI	CK	State RI	ZIP 14888		
8. List ALL directors (names and	addresses)	· O:				ndicate an attachment 🔲		
Director Name			Director Name MATTHEW GEISSER, JR.					
Street Address 32 PRINCE TO ANUE			Street Address P.O. BOX 8549					
City WARRINGK	State .	Zip. U. William	City WARWIG	CK .	State RI	Zip		
Director Name			Director Name					
Street Address		Street Address						
City	State	Zip	City		State	Zıp		
9. Shares Authorized]	10. Shares Issu	ed	Check t	he box to i	ndicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SI			2000		
		100		COMMON		NO PAR		
11. This report must be executed					ation is in	the hands of a receiver or		
trustee, this report must be execu					nanvice e	chadules and		
Under penalty of perjury, I deci statements, and that all statem				nciuomy any accom	panying S			
Name of Authorized Representative						Date		
ROBERT F. CEISSER IN ATTHOW W. GRISSET TIK.					9/50/20			
Signature of Authorized Representation	ntative 。 ぬ、C.	esi ·	() . · · · · · · ·					
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