



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

ATTN: Kim DelNigro

****AMENDED****

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 52591 2. Name of Corporation Remote Control, Inc.
3. Street Address Principal Business Office 386 Dry Bridge Rd City N. Kingstown State RI Zip 02852
4. Business Phone No 401-294-1400 5. State of Incorporation Rhode Island 6. SIC Code 2618

7. Brief Description of the Character of Business Conducted in Rhode Island Distribution and sales of valve actuators in the chemical industry.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Glenn S. Scott Vice President Name
Street Address 386 Dry Bridge Rd Street Address
City N Kingstown State RI Zip 02852 City State Zip

Secretary Name Ake Backman Treasurer Name
Street Address 386 Dry Bridge Rd Street Address
City N Kingstown State RI Zip 02852 City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Ake Backman Director Name Rolf Andersson
Street Address 386 Dry Bridge Rd Street Address 386 Dry Bridge Rd
City N Kingstown State RI Zip 02852 City N Kingstown State RI Zip 02852

Director Name Glenn S. Scott
Street Address 386 Dry Bridge Rd
City N Kingstown State RI Zip 02852

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$1.00 Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
Common \$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Glenn S. Scott Date July 1, 2004
Print or Type Name of Officer
President
Title of Officer

File Date
Check No
By

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