



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 25 2021

BY *[Signature]*

Annual Report for the year: 2021
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 102143		2. Exact name of the Corporation EPOXYTECH, INC.			
3. Principal Office Address 718 PARK EAST DRIVE			City WOONSOCKET		State RI
			Zip 02895		
4. NAICS Code 325411		6. Brief description of the character of business conducted in Rhode Island FORMULATIONS AND MIXING OF CHEMICALS FOR ADHESIVE INDUSTRY.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUKIRTEE PATEL			Vice-President Name KIRAN PATEL		
Street Address 14 REDBROOK CROSSING			Street Address 14 REDBROOK CROSSING		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name SAME AS VP			Treasurer Name SAME AS VP		
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 KIRAN PATEL			Director Name		
Street Address 14 REDBROOK CROSSING			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name SUKIRTEE PATEL			Director Name		
Street Address 14 REDBROOK CROSSING			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
				NO PAR	
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 KIRAN PATEL				Date 02/09/2021	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov