State of Rhode Island

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.

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BUS SVCS DIV
2021 MAR 31 PM 2:36

STAMP

1. Entity ID Number	2. Exact name of the Corporation		
000052591	Remote Control Inc.		
3. Principal Office Address	City	State	Zip
77 Circuit Dr.	North Kingstown	RI	02852
4. NAICS Code: 423990	6. Brief description of the character of business conducted in Rhode Island: Distribution and Sales of valve actuators.		
5. State of Incorporation: RI			

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

President Name	Vice-President Name
Jonathan M Davis	
Street Address: 1675 Mile Crossing Blvd	Street Address
City: Rochester / State: NY / Zip: 14624	City / State / Zip
Secretary Name: Assistant Secretary Patrick J. Dalton	Treasurer Name
Street Address: 1675 Mile Crossing Blvd	Street Address
City: Rochester / State: NY / Zip: 14624	City / State / Zip

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

Director Name	Director Name
Jonathan M Davis	
Street Address: 1675 Mile Crossing Blvd	Street Address
City: Rochester / State: NY / Zip: 14624	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
4160	CWP	$1.0000

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
Ellen Kiely	3/25/2021
Signature of Authorized Representative: Ellen Kiely	

FILED
MAR 31 2021
2:37
BY QB 2V6R7

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov