



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 27 2023
BY *[Signature]*

1. Entity ID Number 32463		2. Exact name of the Corporation Rhode Island Chemical Corp.			
3. Principal Office Address 754 Branch Avenue		City Providence		State RI	Zip 02904
4. NAICS Code 325199		6. Brief description of the character of business conducted in Rhode Island Manufacture, sales and purchase of chemicals.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John P. Tapis			Vice-President Name John P. Tapis		
Street Address 754 Branch Avenue			Street Address 754 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name John P. Tapis			Treasurer Name John P. Tapis		
Street Address 754 Branch Avenue			Street Address 754 Branch Avenue		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			15	Common	No Par Value
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	
<i>[Signature]</i>				3/27/23	
Signature of Authorized Representative					

MAIL TO:
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