RI SOS Filing Number: 202336516600 Date: 5/31/2023 4:00:00 PM

State of Rhode Islan								
	State - Business Services Divis					4 ya	المها	
Annual Report for the year: 2023 Corporation			RECEIVED					
Filing period: February 1	- May 1			N.1.	DEPT. OF	51/41 A 1977		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is not fi	led by May 31.		•				
Entity ID Number	2. Exact name of	the Corporation		<b>20</b> 23	HAY ST	<del>/ 10' 2'</del>		
84036	Eartec Cor	npany	INC					
3. Principal Office Address			City		State		Zip	
145 Dean Knauss Drive			Narrag		RI		02882	
4. NAICS Code 334220				s conducted in Rho		•		
	Manufacture and distribution of communications systems							
5. State of Incorporation Rhode Island								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name John N. Hoop	Viœ-President NamePaul A. Hooper							
Street Address 145 Dean Knauss Drive			Street Address 145 Dean Knauss Drive					
<sup>City</sup> Narragansett	State RI	<sup>Ζiρ</sup> 02882	City Narr	arragansett		RI	Zip 02882	
Secretary Name Paul A. Hooper			Treasurer Name Paul A. Hooper					
Street Address 145 Dean Knauss Drive			Street Address 145 Dean Knauss Drive					
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Narragansett		State F	State RI Zip 02882		
8. List ALL directors (names and addresses)			Check the box to indicate an attachment					
Director Name			Director Na	im <del>e</del>				
Street Address			Street Address					
City	State	Zip	City		State	State Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
		10. Shares Issu						
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		no par	par value	
Changes require an additional filing.		none		Common		<del>                                     </del>		
				none			none	
<ol> <li>This report must be executed ceiver or trustee, this report must</li> </ol>					orporation is	in the hand	ds of a re-	
Under penalty of perjury, I decl	are and affirm that	l have examine	d this repor		companying	g schedule	s and	
statements, and that all statem Name of Authorized Representati		<u>rein are true and</u>	d correct.	<del> </del>	Date			
Paul A. Hooper				I	4/22/23			
Signature of Authorized Representative				FILED				
MAIL TO:	Horne	<u> </u>	MAY 3	i 2023		······		

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos ri.gov

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