



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000066057</b>		2. Exact name of the Corporation <b>P.J.B. PROCESS EQUIPMENT, INC.</b>	
3. Principal Office Address <b>45 RESERVOIR ROAD</b>		City <b>COVENTRY</b>	State <b>RI</b>
4. NAICS Code <b>32510</b>		6. Brief description of the character of business conducted in Rhode Island <b>SALES REPRESENTATIVE BUSINESS FOR CHEMICAL PROCESS EQUIPMENT MANUFACTURERS.</b>	
5. State of Incorporation <b>RHODE ISLAND</b>		Check the box to indicate an attachment <input type="checkbox"/>	
7. List ALL officers (names and addresses)			
President Name <b>PETER A. BURR</b>		Vice-President Name <b>N/A</b>	
Street Address <b>123 WOOD COVE DRIVE</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses)			
Director Name <b>N/A</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued	
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>NO PAR VALUE</b>
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.			
<b>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.</b>			
Name of Authorized Representative <b>PETER BURR</b>			Date <b>11-29-2023</b>
Signature of Authorized Representative <b>Pet Burr</b>			

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

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BY **YALIK**  
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FORM 53C- Revised (04/2023)