

**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

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

FEB 14 2024
4017 *a*

1. Entity ID Number 000091900		2. Exact name of the Corporation VISTEC CORPORATION				
3. Principal Office Address 15 MANCHESTER DRIVE			City WRENTHAM	State MA	Zip 02093	
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island ELECTRONIC COMPONENT IND				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name DEAN DUCKWORTH			Vice-President Name CHRISTINE DUCKWORTH			
Street Address 15 MANCHESTER DRIVE			Street Address 15 MANCHESTER DRIVE			
City WRENTHAM	State MA	Zip 02093	City WRENTHAM	State MA	Zip 02093	
Secretary Name DEAN DUCKWORTH			Treasurer Name DEAN DUCKWORTH			
Street Address 15 MANCHESTER DRIVE			Street Address 15 MANCHESTER DRIVE			
City WRENTHAM	State MA	Zip 02093	City WRENTHAM	State MA	Zip 02093	
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		CLASS/SERIES	PAR VALUE	
		100		COMMON	0	
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 <i>[Signature]</i>					Date 2/9/24	
Signature of Authorized Representative DEAN E DUCKWORTH						

MAIL TO:
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