RI SOS Filin	g Number: 2	02447169450	Date: 2/2	3/2024 4:00:00) PM		
State of Rhode Island Department of State			 .				
Department of St	ate - Busine	ess Services I	Division				
Annual Report for the year: 2024					FILED		
Corporation			_				
→ Filing period: February 1 - May 1			FEB 2 3 2024				
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 				BY YUD			
					71		
1. Entity ID Number	2. Exact name of the Corporation Poly/Sperse Corp.						
20643	Poly/Spe	erse Corp.				30	
3. Principal Office Address			City		State	Zip	
250 Narragansett Park Drive			East Prov	vidence	RI	02916	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
325130	Making pigment color dispersions						
5. State of Incorporation	1						
RI							
7. List ALL officers (names and ad	ldresses)		· · · · · · · · · · · · · · · · · · ·	Chec	k the box to in	dicate an attachment 🗹	
President Name Richard E. Bache			Vice-President Name William R. Bache				
Street Address			Street Address P.O. Box 1087				
Street Address 1 Carriage Lan	e			P.O. Box 1087			
^{City} East Providence	State RI	^{Zip} 02916	City Lakevil		State MA	^{Zip} 02347	
Secretary Name Richard E. Bache			Treasurer Nan	Treasurer Name William R. Bache			
Street Address 1 Carriage Lane			Street Address P.O. Box 1087				
City East Providence	State RI	^{Zip} 02916	City Lakeville		State MA	^{Zip} 02347	
8. List ALL directors (names and a	iddresses)			Chec	ck the box to in	dicate an attachment 🗹	
Director Name Richard E. Bache	Director Name Muriel Bache						
Street Address 1 Carriage Lane	Street Address 90 Hillside Avenue						
^{City} East Providence	State RI	^{Zip} 02916	City Rehoboth		State MA	zip 02769	
John S. Bache			Director Name William R. Bache				
Street Address P.O. Box 944			Street Address P.O. Box 1087				
^{City} Lakeville	State MA	^{Zip} 02347	City Lakev	ille	State MA	Zip 02347	
9. Shares Authorized		10. Shares Iss				dicate an attachment	
Department of State		NUMBER OF			IES T		
		100		Common		No Par Value	
Changes require an additional filing).						
11. This report must be executed trustee, this report must be execu	on behalf of the	corporation by an a	uthorized repres	sentative. If the corp	poration is in th	e hands of a receiver or	
Under penalty of perjury, I decla	ere and affirm t	hat I have examine	ed this report, i	ncluding any acco	ompanying sc	hedules and	
statements, and that all stateme Name of Authorized Representation	ents contained					 	
Richard E. Bache		Date 02/01/24					
	tative.				/_		
Signature of Kuthorized Represen	RUN						

MAIL TO:

Division of Business Services

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

Website: www.sos.n.gov

2024 ANNUAL REPORT CONTINUED

Poly/Sperse Corp.

Corporate ID No. 20643

Vice President continued:

John S. Bache P.O. Box 944 Lakeville, MA 02347

FILED

FFR 23 2024

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