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.

FILED
FEB 23 2024
BY 4461

1. Entity ID Number	2. Exact name of the Corporation		
20643	Poly/Sperse Corp.		
3. Principal Office Address	City	State	Zip
250 Narragansett Park Drive	East Providence	RI	02916
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
325130	Making pigment color dispersions		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Richard E. Bache			Vice-President 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
Secretary Name: Richard E. Bache			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 addresses) — Check the box to indicate 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
Director Name: 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: Lakeville	State: MA	Zip: 02347

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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
Richard E. Bache	02/01/24

Signature of Authorized Representative: Richard E. Bache

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

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