| | State of Rhode | Island | Fee: \$50.00 | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|------------------------------|--|--|--|
| | Office of the Secret | | | | | |
| | Division Of Busines | | | | | |
| | 148 W. River S Providence RI 029 | | | | | |
| 7636 | (401) 222-30 | | | | | |
| Foreign Business Corpora | tion | | | | | |
| Annual Report | | | | | | |
| Filing Period: February 1 - May | 1 | | | | | |
| In accordance with R.I.G.L. 7-1. file its annual report within thirty | | | ı to | | | |
| (R.I.G.L. 7-1.2-1501(c&d)) is su | | | | | | |
| ANNUAL REPORT YEAR - ENT | ER THE CURRENT YEAR 2 | 024 : <u>2024</u> | | | | |
| 1. Corporate ID No. 00174 | 7597 | | | | | |
| 2. Name of Corporation <u>FLE</u> 2 | Kcon Company, Inc. | | | | | |
| 3. Street Address Principal B | usiness Office: | | | | | |
| No. and Street: <u>1 FLEXCON</u> | I INDUSTRIAL PARK | | | | | |
| City or Town: <u>SPENCER</u> | | State: <u>MA</u> Zip: | 01562 Country: USA | | | |
| 4. Business Phone No. | | | | | | |
| <u>508-885-8259</u> | | | | | | |
| 5. State of Incorporation | | | | | | |
| State: <u>MA</u> | | | | | | |
| | NAICS CODE | | | | | |
| Enter the six digit NAICS Code Download the list of codes <u>her</u> | - | • | | | | |
| <u>326113</u> | | | | | | |
| 6. Brief Description of the Cha | aracter of Business Condu | cted in Rhode Isla | nd | | | |
| | | | | | | |
| MANUFACTURE PRESSUF | MANUFACTURE PRESSURE SENSITIVE ADHESIVE COATED FILMS | | | | | |
| 7. Names and Addresses of the second se | 7. Names and Addresses of the Officers and Directors: | | | | | |
| All officers and directors must be listed. | | | | | | |
| Title | Individual Name | - | ddress | | | |
| | First, Middle, Last, Suffix | Address, City or To | wn, State, Zip Code, Country | | | |

| PRESIDENT | AIMEE PEACOCK | 1 FLEXCON INDUSTRIAL PARK SPENCER, MA 01562 USA | |
|-----------|------------------|----------------------------------------------------|--|
| TREASURER | ETHAN GOLDMAN | 1 FLEXCON INDUSTRIAL PARK SPENCER, MA 01562 USA | |
| SECRETARY | NATHAN D. BAILEY | 1 FLEXCON INDUSTRIAL PARK SPENCER, MA 01562 USA | |
| DIRECTOR | MICHAEL E. FOLEY | 1 FLEXCON INDUSTRIAL PARK SPENCER, MA 01562 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per | | Total Issued and |
|----------------|-----------------|---------------|------------------|---------------------|
| | | Share | Total Authorized | U U |
| | | | Shares | Num of |
| | | | Number of Shares | Shares |
| CNP | | \$0.0000 | 27,500.00 | 15675 |

9. 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.

Signed this 28 Day of April, 2024 at 4:21:06 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By NATHAN D. BAILEY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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