State of Rhode Island
Department of State - Business Services Division

FILED
MAR 05 2025
BY 16938 a

Annual Report for the year: 2025
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	2. Exact name of the Corporation			
000102143	EPOXYTECH INC			
3. Principal Office Address		City	State	Zip
718 PARK EAST DRIVE		WOONSOCKET	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
325411	FORMULATIONS AND MIXING OF CHEMICALS FOR THE ADHESIVE INDUSTRY			
5. State of Incorporation				
RI				

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

President Name SUKIRTEE PATEL			Vice-President Name KIRAN PATEL		
Street Address 14 REDBROOK CROSSING			Street Address 14 REDBROOK CROSSING		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02895
Secretary Name SAME AS VP			Treasurer Name SAME AS VP		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name KIRAN PATEL			Director Name		
Street Address 14 REDBROOK CROSSING			Street Address		
City LINCOLN	State RI	Zip 02865	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NO PAR

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
KIRAN PATEL	3/3/2025

Signature of Authorized Representative: Kiran Patel

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov