

FILED



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

APR 21 2025

Annual Report for the year: 2025

Corporation _____

(CBN) BY 36208

- 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 103614		2. Exact name of the Corporation DURA-KOTE TECHNOLOGY, LTD.			
3. Principal Office Address 2 Industrial Lane			City Johnston	State RI	Zip 02919
4. NAICS Code 325510		6. Brief description of the character of business conducted in Rhode Island General business of plating, coating, enameling and applying any and all other coats of covering on jewelry, metals and all kinds of products.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Francazio			Vice-President Name Robert Ricci		
Street Address 1158 Chopmist Hill Road			Street Address 87 Woodsong Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Louis Francazio			Treasurer Name Robert Ricci		
Street Address 1158 Chopmist Hill Road			Street Address 87 Woodsong Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
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
		200		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 Louis Francazio					Date 4/21/25
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov