RI SOS Filing Number: 202571783580 Date: 4/25/2025 4:00:00 PM

State of Rhode Islan Department of St)ivision	vision FILED						
Annual Report for the year: Corporation				APR 2 5 2025 D				
→ 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							
001660090 The Hutchison Company, Inc.								
3. Principal Office Address					State	Zip		
376 Dry Bridge Road, Unit J1				ngstown	RI	028	852	
4. NAICS Code	· ·		r of busines	s conducted in Rhoo	de Island			
326121	Manufacturing.							
5. State of Incorporation R1								
	List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Euan Hutchison				Vice-President Name				
				Street Address				
Street Address 376 Dry Bridge	Silicet Address							
City No. Kingstown	State RI	^{Zip} 02852	City		State	Zip		
Secretary Name Euan Hutchison				Treasurer Name Euan Hutchison				
Street Address 376 Dry Bridge Rd. #J1			Street Address 376 Dry Bridge Rd. #J1					
^{City} No. Kingstown	State RI	^{Zip} 02852	City No. Kingstown		State F	RI 02	852	
B List ALL directors (names and addresses) Check the box to indicate an attachmen Director Name Director Name						ent 🗆		
Euan Hutchison				Energy Hame				
Street Address 376 Dry Bridge Rd. #J1			Street Address					
^{City} No. Kingstown	State RI	^{Zip} 02852	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zıp		
9. Shares Authorized				he box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER OF SHARES		CUP \$.01		AL JE		
Changes require an additional filing.				CVVI				
11. This report must be executed a	poration by an au	thorized ren	rosantativa. If the co	rnoration is	n the hands of s	3 (0-		
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								
Euan Hutchison					14/-	1/25		
Signature of Authorized Representative								

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

Website: www.sos.ri.gov