RI SOS Filing	Number: 202576791030	Date: 7/10/2025 4:00	:00 PM	
Annual Report for the year:	State - Business Services	Division		
Corporation  → Filing period: February 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.0	0 fee if form is not filed by May 31		·	
1. Éntity ID Number	Exact name of the Corporation	on		
32463	Rhode Island Chemical Corp.			
3. Principal Office Address		City	State	Zip
754 Branch Avenue		Providence	RI	02904
4. NAICS Code	6. Brief description of the chara	cter of business conducted in f	Rhode Island	
325199	Manufacturing, sales, a	and purchase of chemic	als	
5. State of Incorporation	$\dashv$			

32463 3. Princip 754 Br 4. NAICS 32519 5. State o RI Check the box to indicate an attachment List ALL officers (names and addresses) Vice-President Name Diane Tapis President Name John P. Tapis Street Address 754 Branch Avenue Street Address 754 Branch Avenue <sup>Žip</sup> 02904 Zip 02904 <sup>City</sup> Providence RI **Providence** RI Treasurer Name John P. Tapis Secretary Name John P. Tapis Street Address 754 Branch Avenue Street Address 754 Branch Avenue State RI Zip 02904 Zip 02904 City Providence State RI **Providence** Check the box to indicate an attachment □ 8. List ALL directors (names and addresses) Director Name Director Name Street Address Street Address State State Zip City **Director Name** Director Name Street Address Street Address City Zip City State Check the box to indicate an attachment 9. Shares Authorized 10. Shares Issued CLASS/SERIES PAR VALUE NUMBER OF SHARES This information is currently of record in the Department of State. No Par Value 15 Common Changes require an additional filing. 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 Signature of Authorized Representative FILED

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov