RI SOS Filing Number: 201855706950 Date: 1/5/2018 4:00:00 PM

103

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

> Panathe Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number		2. Exact name of the Corporation LEONARD VALVE COMPANY						
19773	LEONAR							
. Principal Office Address			City	1 -		Zip		
1360 ELMWOOD AVENUE			CRANSTO	N	RI	02910		
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island						
31-33 238220	MANUFACT	MANUFACTURER OF WATER TEMPERATURE CONTROL VALVES						
5. State of Incorporation								
RI	i							
7. List ALL officers (names an	d addresses)		,	Čhe	ck the box to it	ndicate an attachment L		
President Name E. NILES WIL	Vice-President Name RICHARD E. COTA							
Street Address 273 SEASIDE [Street Address 56 SOPHIA COURT City WAKEFIELD State RI Zip 02879							
City JAMESTOWN	State RI	^{Zip} 02835	City WAKEF	WAKEFIELD		^{Zip} 02879		
Secretary Name GREGORY L.	Treasurer Name E NILES WILCOX							
Street Address 7916 WARWICK GARDENS LANE			Street Address 273 SEASIDE DRIVE					
City UNIVERSITY PARK	State FL	^{Zip} 34201	City JAMESTOWN		State RI	^{Zip} 02835		
8. List ALL directors (names a	nd addresses)			Che	ck the box to i	ndicate an attachment		
Director Name GREGORY . WILCOX			Director Name E NILES WILCOX					
Street Address 7916 WARWICK GARDENS LANE			Street Address 273 SEASIDE DRIVE					
City UNIVERSITY PARK	State FL	Zip 34201	City JAMESTOWN		State RI	Zip 02835		
Director Name CHRISTOPHER RICH			Director Name ANDREW ROLFE					
Street Address 23 RIVERROCE	Street Address 842 BINGHAM ROAD							
City WAYLAND	State MA	^{Zip} 01778	City RIDGE	WOOD	State NJ	Zip 07450		
9. Shares Authorized This information is currently of record in the					Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 13652		CLASS/SE COMMON	CLASS/SERIES PAR V			
11. This report must be execut	ted on behalf of the	corporation by an	authorized repres	sentative. If the co	rporation is in t	he hands of a receiver or		
trustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or tr	ustee.				
Under penalty of perjury, I d statements, and that all stat	leciare and affirm t rements contained	hat I have examin herein are true ai	red this report, i	ncluding any acc	ompanying so	chedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
E. NILES WILCOX, PRESIDENT					12/22/2017			
Signature of Authorized Repre			Ei	I EN				
5 %	2 W 9		wax Fl	LEU	0			
MAIL TO:			IAN	N 5 2018				

Division of Business Services

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

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