State of Rhode Isl	Filing Number: 2 and and Providence P of State - Busine	lantations	<ul><li>Date: 3/2/2018 4</li><li>Division</li></ul>	:00:00 PM 			
Annual Report for the Corporation  → Filing period: Januar  → Filing Fee: \$50.00  → Penalty: Additional \$2	ry 1 - March 1		_		STAMP		
1. Entity ID Number 000099619		e of the Corporation					
3. Principal Office Address 505 Central Avenue	<b>_</b>	·	City Pawtucket	State RI	Zip 02861		
4. NAICS Code  4. K2392C  5. State of Incorporation  Rhode Island		d manage its inta	cter of business conducted in ngible investments and coll		income from such		
'. List ALL officers (names and addresses) President Name William J. Murray			Check the box to indicate an attachment Vice-President Name				
Street Address 505 Central Avenue			Street Address				
City Pawtucket	State RI	<sup>Zıp</sup> 02861	City	State	Zip		
ecretary Name Michael A. Roberts			Treasurer Name Edward T. Massoud				
Street Address 605 Central Avenue			Street Address 505 Central Avenue				
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtucket	State RI	<sup>Zip</sup> 02861		
B. List ALL directors (name: Director Name None	s and addresses)		Director Name	Check the box to indic	cate an attachment		
Street Address			Street Address				

Zip

City State City Zip State Zip 9. Shares Authorized Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. 4,000 **CNP** 0.00 Changes require an additional filing.

City

Director Name

Street Address

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.

Quathous Dates MENT

Name of Authorized Representative

Jonathan D. Fain, Chairman and C.E.Q

Signature of Authorized Representative

State

Zip

MAIL TO:

City

Director Name

Street Address

Division of Business Services

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

State

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

FORM 630 - Revised: 10/2017

State of Rhode Island and Providence Plantations Department of State Business Services Division Annual Report for the year: 2018

1. Entity Id Number 000099619

2. Exact name of the Corporation Teknor Financial Corporation

## 7. List all Officers - Attachment

Chief Executive Officer Name	Street Address	City	State	Zip Code
Jonathan D. Fain	505 Central Avenue	Pawtucket	RI	02861
Assistant Secretary Name	Street Address	City	State	Zip Code
Jonathan D. Fain	505 Central Avenue	Pawtucket	RI	02861
Assistant Secretary Name	Street Address	City	State	Zip Code
Drew P. Kaplan	One Park Row, Suite 300	Providence	RI	02903