



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 19773		2. Exact name of the Corporation LEONARD VALVE COMPANY			
3. Principal Office Address 1360 ELMWOOD AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 31-33 238220		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF WATER TEMPEURE CONTROL VALVES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name E. NILES WILCOX			Vice-President Name RICHARD E. COTA		
Street Address 273 SEASIDE DRIVE			Street Address 56 SOPHIA COURT		
City JAMESTOWN	State RI	Zip 02835	City WAKEFIELD	State RI	Zip 02835
Secretary Name GREGORY L. WILCOX			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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GREGORY L. 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 RIVERROCK WAY			Street Address 842 BINGHAM ROAD		
City WAYLAND	State MA	Zip 01778	City RIDGEWOOD	State NJ	Zip 07450
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
		13652		COMMON	\$25.00
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. <i>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.</i>					
Name of Authorized Representative E. NILES WILCOX, PRESIDENT					Date 1/18/2019
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

JAN 22 2019
 BY 121938 DS FORM 630 - Revised: 10/2017