RI SOS Filing Number: 201988196280 Date: 3/5/2019 4:00:00 PM

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

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Entity ID Number	2. Exact name of the Corporation							
000099619	Teknor Financial Corporation							
Principal Office Address	City			State	Zip			
505 Central Avenue			Pawtucket		RI	02861		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
523980	4	-	igible investme	ents and collect ar	d distribute	the income from such		
5. State of Incorporation	investments	•						
Rhode Island								
7. List ALL officers (names and add	resses)			Chec	k the box to i	ndicate an attachment 🗵		
President Name William J. Murray	sident Name William J. Murray			Vice-President Name				
Street Address 505 Central Avenue			Street Address					
City Pawtucket	State RI	Z <sub>1</sub> p 02861	City		State	Zip		
Secretary Name Michael A. Roberts	<u> </u>	- · <b>!</b>	Treasurer Nar	Treasurer Name Edward T. Massoud				
Street Address 505 Central Avenue		Street Address 505 Central Avenue						
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtuc	ket	State RI	<sup>Zip</sup> 02861		
8. List ALL directors (names and ad	dresses)			Chec	k the box to i	ndicate an attachment		
Director Name Director Name								
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Žip	City		State	Zip		
Shares Authorized     This Information is currently of reco	d in the	10. Shares Issu		Chec CLASS/SER		ndicate an attachment PAR VALUE		
Department of State.	om me	4,000	STAKES	CNP	123	0.00		
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  Date								
l					26,2019			
Signature of Authorized Representative								
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 2019

1. Entity ID Number 000099619

2. Exact Name of Corporation Teknor Financial Corporation

## 7. List of all Officers - Attachement

Chariman and 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