RI SOS Filing Number: 202451171780 Date: 4/15/2024 4:00:00 PM

ALI 0628

State of Rhode Island

Annual Report for the year:

Department of State - Business Services Division

Annual Report for the ye		FILED							
Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				APR 1 5, 2024					
				Penalty, Adoltional \$25,00 te	e it form is not filed	Dy n	иау 31.		
1. Entity ID Number	2. Exact name of	f the	: Corporation					·	
000522562	ALLTECH PRODUCTS, INC.								
3. Principal Office Address		City			State	Zıp			
<u>P.O. BOX</u> 556				ROCKLAND			MΛ	02370	
4. NAICS Code	5 6. Brief descript	ion c	of the character of bu	siness conducted in Rhode Island					
238900									
5. State of Incorporation									
MA	SALES O	F. V	MOVEABLE WA	VLLS					
7. List ALL officers (names and		<u> </u>	10 1 D 1 D 1 M		Ch	eck the bo	x to indic	ate an attachment	\Box
President Name		Vice-President Name							
NEAL T. DONAHUE									
Street Address				Street Address					
65 TIFFANY ROAD)								
City	State	Zip	<u> </u>	City		State		Zip	
NORWELL	MÀ		2061						
Secretary Name		Treasurer Name							
NEAL T. DONAHUE				NEAL T. DONAHUE					
Street Address				Street Address					
65 TIFFANY ROAD				65 TIFFANY ROAD					
City	State	Zip		City		State		Zip	
NORWELL	MA)2061	NORW	ELL	MA		02061	
8. List ALL directors (names an	d addresses)					eck the bo	x to indic	ate an attachment	_:
Director Name				Director N	ame				
NEAL T. DONAHUE	<u> </u>			ļ					
Street Address		Street Address							
65 TIFFANY ROAD	·	ļ							
City	State	Zip		City		State		Zip	
NORWELL	MA	} \)2061	1	<u>-</u> .	1			
Director Name		Director Name							
Street Address				Street Address					
Sileer Address				Street Address					
City State		Zip	···	City	City		1	Zip	
1,	J. S. B. C.	-"	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		State		Σip	
9. Shares Authorized			10. Shares Issued	1	Ch	eck the bo	x to indic	ate an attachment	$\neg \Box$
This information is currently of record in the				R OF SHARES CLASS/SERIES			PAR VALUE		
Department of State.			12500		Ţ				
Changes require an additiona	il filling.								
11. This report must be execute		офо	ration by an authoriz	ed representa	itive. If the corporation	is in the h	ands of a	receiver or	
trustee, this report must be exe									
Under penalty of perjury, I						accompa	anying s	schedules and	
statements, and that all st									
Name of Authorized Rooresenta		I	Date 4	11-24					
Signature of Authorized Repres						<u> </u>			

MAIL TO:

Division of Business Services

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

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