

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001154

**FILED**  
**Mar 13, 2017**  
**Secretary of State**  
**CC0213125480**

**Entity Name:** ARKWRIGHT ADVANCED COATING, INC.

**Current Principal Place of Business:**

538 MAIN STREET  
FISKEVILLE, RI 02823

**Current Mailing Address:**

538 MAIN STREET  
FISKEVILLE, RI 02823 US

**FEI Number: 77-0380701**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	D	Title	SECRETARY, TREASURER, CFO
Name	STUDER, PETER	Name	PROVOST, STEPHANIE
Address	538 MAIN STREET	Address	538 MAIN STREET
City-State-Zip:	FISKEVILLE RI 02823	City-State-Zip:	FISKEVILLE RI 02823
Title	VP	Title	DIRECTOR
Name	CONLON, STEVE	Name	ZILLIGER, SIEGFRIED
Address	538 MAIN STREET	Address	538 MAIN ST
City-State-Zip:	FISKEVILLE RI 02823	City-State-Zip:	FISKEVILLE RI 02823
Title	PRESIDENT	Title	DIRECTOR
Name	MCINERNEY, CHRIS	Name	SCHULER, ANDREAS
Address	538 MAIN STREET	Address	538 MAIN ST
City-State-Zip:	FISKEVILLE RI 02823	City-State-Zip:	FISKEVILLE RI 02823

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHANIE PROVOST**

**CFO**

**03/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date