

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006718

1. Entity Name

ASTRO-MED, INC.

Principal Place of Business

Mailing Address

ASTRO-MED INDUSTRIAL PARK  
600 EAST GREENWICH AVENUE  
WEST WARWICK RI 02893

ASTRO-MED INDUSTRIAL PARK  
600 EAST GREENWICH AVENUE  
WEST WARWICK RI 02893

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0318215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	ONDIS, ALBERT W	
STREET ADDRESS	150 DUCK COVE ROAD	
CITY-ST-ZIP	NORTH KINGSTOWN RI 02852	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIZZUTI, EVERETT V	
STREET ADDRESS	60 LANTERN LANE	
CITY-ST-ZIP	EXETER RI 02882	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHATTEN, JOHN B	
STREET ADDRESS	600 EAST GREENWICH AVE.	
CITY-ST-ZIP	WEST WARWICK RI 02893	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOSEPH P	
STREET ADDRESS	51 GLEN ROAD	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEEB, ELIAS G	
STREET ADDRESS	480 CEDAR AVENUE	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETRARCA, STEPHEN M	
STREET ADDRESS	600 EAST GREENWICH AVE.	
CITY-ST-ZIP	WEST WARWICK RI 02893	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25 CARD Street
CITY-ST-ZIP	Coventry, RI 02816

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

401-828-4000

Date

Daytime Phone #

CR2E034 (10/00)