## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F0000006718  1. Entity Name ASTRO-MED, INC.					Secretary of State 01-28-2002 90014 005 ***150.00		
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.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number <b>05-03182</b> 1	ı <b>r</b>	Applied For Not Applicable
Zip	Country	Zip	Country		Certificate of Status Desired	□ <b>\$8.75</b> A Fee Requi	
	6. Name and Address of Current R	legistered Agent	Name	- 71	Name and Address of New	Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)			
LOWIN	,	City		*		FL Zip Co	ode
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered ag	gent, or both, in the State of I	I Florida.	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: F	Registered Agent signate	ure required when r	einstation	DATE	
	-				enlateding)	DATE	
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00	10. Election Campaign F Trust Fund Contribut		00 May Be ed to Fees
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ONDIS, ALBERT W 150 DUCK COVE ROAD NORTH KINGSTOWN RI 02852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		e J. Jones Run Road , MA 01740	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIZZUTI, EVERETT V 60 LANTERN LANE EXETER RI 02882	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHATTEN, JOHN B 600 EAST GREENWICH AVE. WEST WARWICK RI 02893	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS O'CONNELL, JOSEPH P 51 GLEN ROAD WELLESLEY MA 02181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEEB, ELIAS G 480 CEDAR AVENUE EAST GREENWICH RI 02818	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETRARCA, STEPHEN M 25 CARD STREET COVENTRY RI 02816	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address with a supplement with an address.	rue and accurate and that my	signature shall ha	ave the same I	legal effect as if made under	oath: that I am an office	er or director

SIGNATURE:

Vice President/Treasurer SCHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

401-828-4000

Daytime Phone #