

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90102 035 \*\*\*150.00

**DOCUMENT # P36466**

1. Entity Name  
NYPRO INC.



Principal Place of Business  
101 UNION STREET  
CLINTON, MA 01510-2005

Mailing Address  
101 UNION STREET  
CLINTON, MA 01510-2005

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
04-2193872

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LAPRES, THEODORE E III  
STREET ADDRESS 101 UNION ST  
CITY - ST - ZIP CLINTON, MA 01510

TITLE D  
NAME PIPP, FRANK J.  
STREET ADDRESS 36 TRAILS END ROAD  
CITY - ST - ZIP WILTON, CT

TITLE SV  
NAME PECK, JAMES W  
STREET ADDRESS 101 UNION STREET  
CITY - ST - ZIP CLINTON, MA 01510

TITLE DTVP  
NAME LAPRES, THEODORE E III  
STREET ADDRESS 101 UNION STREET  
CITY - ST - ZIP CLINTON, MA 01510

TITLE D  
NAME FLOWERS, WOODIE C  
STREET ADDRESS 214 BOSTON POST RD  
CITY - ST - ZIP WESTON, MA 02193

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

Date

Daytime Phone #