

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P38242

1. Entity Name
UNITED ABRASIVES, INC.



Principal Place of Business
**ROUTE 66, P. O. BOX 75
WILLIMANTIC, CT 06226**

Mailing Address
**ROUTE 66, P. O. BOX 75
WILLIMANTIC, CT 06226**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2656850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARZIALI, ARIS
1340 US HWY ONE
SUITE 120 JUPITER COVE PLAZA
JUPITER, FL 33469**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCT
MARZIALI, ARIS
100 BEACH RD., #803
TEQUESTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEINETTI, LILLIAN
CASELLA POSTALE 1365
TORINO, ITALY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FILIPPI, UGO
CASELLA POSTALE 1365
TORINO, ITALY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARZIALI, ERIC
ROUTE 66
WILLIMANTIC, CT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PATRELLO, JOSEPH
ROUTE 66
WILLIMANTIC, CT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARZIALI, ARIS
100 BEACH RD, #803E
TEQUESTA, FL 33469**

U00000578726
01/09/07-80040-023 150.00

**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 #

Eric Marziali, President 1/4/07 860 456 7131