

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 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**



01162008 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, 2008 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

U00000792300
01/24/08-80002-007 150.00

**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 #

Jan 16, 2008