

**Annual Report of Sales and Use Tax Exemptions
Claimed by Agent/Project Operator of
Industrial Development Agency/Authority (IDA)**For Period Ending December 31, 2018 (enter year)**Project information**

Name of IDA agent/project operator <u>Ray Terminals LLC</u>		Federal employer identification number (FEIN) <u>81-0836206</u>	
Street address <u>2794 7th Ave</u>		Telephone number <u>(518) 874-4510</u>	
City <u>Troy</u>	State <u>NY</u>	ZIP code <u>12180</u>	
Name of IDA agent/project operator's authorized representative, if any <u>Ken Ray</u>		Title <u>President</u>	
Street address <u>2794 7th Ave</u>		Telephone number <u>(518) 874-4510</u>	
City <u>Troy</u>	State <u>NY</u>	ZIP code <u>12180</u>	
Name of IDA <u>County of Warren and Washington Industrial Development Agency</u>			
Name of project <u>Ray Energy / Terminals</u>			
Street address of project site <u>39 Golf Course Road</u>			
City <u>Whitehall</u>	State <u>NY</u>	ZIP code <u>12837</u>	

- 1 Project purpose (mark an X in the appropriate box):
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Agriculture, forestry, fishing |
| <input checked="" type="checkbox"/> Wholesale trade | <input type="checkbox"/> Retail trade | <input type="checkbox"/> Finance, insurance or real estate |
| <input type="checkbox"/> Transportation, communication, electric, gas, or sanitary services | | |
| <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other (specify) _____ | | |

2 Date project began (mm/dd/yy): 6/26/20173 Beginning date of construction or installation (mm/dd/yy; see instructions): 6/27/2017; ☒ actual ☐ expected4 Completion date of construction phase of project (mm/dd/yy; see instructions): 12/31/2018; ☒ actual ☐ expected5 Completion date of project (mm/dd/yy; see instructions): 12/31/2018; ☒ actual ☐ expected6 Duration of project (actual or expected; years/months): 01/067 Total sales and use tax exemptions (actual tax savings; NOT total purchases) 7 \$ 4489 47

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer, employee, or authorized representative signing for the IDA agent/project operator Title of person signing

KENNETH J. RAYPRES

Signature

Date

2-9-19

Failure to annually file a complete report may result in the removal of authority to act as an IDA agent/project operator.

Mail completed report to: NYS Tax Department, IDA Unit, W A Harriman Campus, Albany NY 12227.



New York State Department of Taxation and Finance

Annual Report of Sales and Use Tax Exemptions Claimed by Agent/Project Operator of Industrial Development Agency/Authority (IDA)

ST-340

(3/11)

For Period Ending December 31, 2018 (enter year)**Project information**

Name of IDA agent/project operator COOPER FENCE		Federal employer identification number (FEIN) 264760836	
Street address PO BOX 25		Telephone number (802) 773-9166	
City BANDSIEEN		State VERMONT	ZIP code 05732
Name of IDA agent/project operator's authorized representative, if any		Title	
Street address		Telephone number	
City		State	ZIP code

Name of IDA Counties of Warren + Washington IDA			
Name of project Ray terminals LLC Project			
Street address of project site 39 Golf Course Rd			
City Hampton	State Ny	ZIP code 12837	

1 Project purpose (mark an X in the appropriate box):

<input type="checkbox"/> Services	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Agriculture, forestry, fishing
<input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Retail trade	<input type="checkbox"/> Finance, insurance or real estate
<input type="checkbox"/> Transportation, communication, electric, gas, or sanitary services		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Other (specify) _____	

2 Date project began (mm/dd/yy): 1 / 13 Beginning date of construction or installation (mm/dd/yy; see instructions): 10 / 16 / 18; ☒ actual ☐ expected4 Completion date of construction phase of project (mm/dd/yy; see instructions): 04 / 17 / 19; ☒ actual ☐ expected5 Completion date of project (mm/dd/yy; see instructions): 1 / 1; ☐ actual ☐ expected6 Duration of project (actual or expected; years/months): 17 Total sales and use tax exemptions (actual tax savings; NOT total purchases) 7 \$ 1,367 51

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Print name of officer, employee, or authorized representative signing for the IDA agent/project operator Kevin Cooper	Title of person signing OWNER
Signature <i>[Signature]</i>	Date 02/01/19

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Mail completed report to: NYS Tax Department, IDA Unit, W A Harriman Campus, Albany NY 12227.



New York State Department of Taxation and Finance

Annual Report of Sales and Use Tax Exemptions Claimed by Agent/Project Operator of Industrial Development Agency/Authority (IDA)

ST-340
(3/11)
For Period Ending December 31, 2018 (enter year)

Project information

Name of IDA agent/project operator <u>Crown Energy Solutions LLC</u>		Federal employer identification number (FEIN) <u>45-2504738</u>	
Street address <u>19 Gardner Rd</u>		Telephone number <u>(603) 425-9393</u>	
City <u>Windham</u>	State <u>NH</u>	ZIP code <u>03087</u>	
Name of IDA agent/project operator's authorized representative, if any <u>Shawn Thrasher</u>		Title <u>Principal</u>	
Street address <u>19 Gardner Rd</u>		Telephone number <u>(603) 425-9393</u>	
City <u>Windham</u>	State <u>NH</u>	ZIP code <u>03087</u>	
Name of IDA <u>Counties of Warren and Washington IDA</u>			
Name of project <u>Ray Terminals LLC Project</u>			
Street address of project site <u>39 Golf Course Rd</u>			
City <u>Hampton</u>	State <u>NH</u>	ZIP code <u>12837</u>	

- 1 Project purpose (mark an X in the appropriate box):
- | | | |
|--|--|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Agriculture, forestry, fishing |
| <input type="checkbox"/> Wholesale trade | <input type="checkbox"/> Retail trade | <input type="checkbox"/> Finance, insurance or real estate |
| <input checked="" type="checkbox"/> Transportation, communication, electric, gas, or sanitary services | | |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other (specify) _____ | |

2 Date project began (mm/dd/yy): 8/21/173 Beginning date of construction or installation (mm/dd/yy; see instructions): 08/21/18; ☒ actual ☐ expected4 Completion date of construction phase of project (mm/dd/yy; see instructions): 11/14/18; ☒ actual ☐ expected5 Completion date of project (mm/dd/yy; see instructions): 11/14/18; ☒ actual ☐ expected6 Duration of project (actual or expected; years/months): 01/037 Total sales and use tax exemptions (actual tax savings; NOT total purchases) 7 \$ 3488 33

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer, employee, or authorized representative signing for the IDA agent/project operator <u>Shawn Thrasher</u>	Title of person signing <u>Principal</u>	Date <u>2/8/19</u>
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Failure to annually file a complete report may result in the removal of authority to act as an IDA agent/project operator.

Mail completed report to: NYS Tax Department, IDA Unit, W A Harriman Campus, Albany NY 12227.

**Annual Report of Sales and Use Tax Exemptions
Claimed by Agent/Project Operator of
Industrial Development Agency/Authority (IDA)**For Period Ending December 31, 2018 (enter year)**Project Information**

Name of IDA agent/project operator <u>Douglas Wood Wood Construction</u>		Federal employer identification number (FEIN) <u>31-1697604</u>	
Street address <u>100 Bolger Rd</u>		Telephone number <u>(802) 265-8139</u>	
City <u>Fair Haven</u>	State <u>VT</u>	ZIP code <u>05743</u>	
Name of IDA agent/project operator's authorized representative, if any		Title	
Street address		Telephone number	
City	State	ZIP code	

Name of IDA <u>Counties of Warren and Washington Industrial Development Agency</u>			
Name of project <u>Ray Energy / Terminals</u>			
Street address of project site <u>39 Golf Course Road</u>			
City <u>Whitehall</u>	State <u>NY</u>	ZIP code <u>12837</u>	

- 1 Project purpose (mark an X in the appropriate box):
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Agriculture, forestry, fishing |
| <input checked="" type="checkbox"/> Wholesale trade | <input type="checkbox"/> Retail trade | <input type="checkbox"/> Finance, insurance or real estate |
| <input type="checkbox"/> Transportation, communication, electric, gas, or sanitary services | | |
| <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other (specify) _____ | | |

2 Date project began (mm/dd/yy): 4/27/173 Beginning date of construction or installation (mm/dd/yy; see instructions): 4/27/17; ☒ actual ☐ expected4 Completion date of construction phase of project (mm/dd/yy; see instructions): 10/5/18; ☒ actual ☐ expected5 Completion date of project (mm/dd/yy; see instructions): 10/5/18; ☒ actual ☐ expected6 Duration of project (actual or expected; years/months): 18 months7 Total sales and use tax exemptions (actual tax savings; NOT total purchases) 7 \$ 1138. 45

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer, employee, or authorized representative signing for the IDA agent/project operator <u>Douglas Wood</u>	Title of person signing <u>Owner</u>
Signature <u>Douglas Wood</u>	Date <u>1-21-19</u>

Failure to annually file a complete report may result in the removal of authority to act as an IDA agent/project operator.

Mail completed report to: NYS Tax Department, IDA Unit, W A Harriman Campus, Albany NY 12227.



Department of Taxation and Finance

**Annual Report of Sales and Use
Tax Exemptions Claimed by
Agent/Project Operator of Industrial
Development Agency/Authority (IDA)****ST-340**
(1/18)For period ending December 31, 2018 (enter year)**Project Information**


Name of IDA agent/project operator Hilltop Construction Co.		Employer identification number (EIN) 14-1788729	
Street address 51 Crowley Raos		Telephone number (518) 798-0338	
City Hudson Falls		State NY	ZIP code 12839
Name of IDA Counties of Washington/Warren Industrial Devel.	Name of project Ray Terminals LLC		IDA project number
Street address of project site 39 Golf Course Road			
City Hampton		State NY	ZIP code 12837
Date project began 8-19-2017		Completion date of project 01-12-2018 Actual <input checked="" type="checkbox"/> Expected <input type="checkbox"/>	
Total sales and use tax exemptions (actual tax savings; not total purchases)			\$ 90.42

Representative Information (not required)

Authorized representative, if any	Title
Street address	Telephone number ()
City	State ZIP code

Certification

I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer, employee, or authorized representative Thomas G. Albrecht, Jr.	Title of person signing VP of Operations
Signature 	Date 01-23-19

If you do not annually file a complete report, we may remove your authority to act as an IDA agent/project operator.

Mail completed report to:

**NYS TAX DEPARTMENT
IDA UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227-0886**If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.