



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 122559		2. Name of Corporation BARRY WRIGHT CORPORATION		
3. Street Address Principal Business Office 82 SOUTH ST.		City HOPKINTON	State MA	Zip 01748
4. Business Phone No. 508-417-7000		5. State of Incorporation DELAWARE		
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF ISOLATION AND ANTI-VIBRATION DEVICES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JACQUES MAIGNE		Vice President Name		
Street Address 82 SOUTH ST.		Street Address		
City HOPKINTON	State MA	Zip 01748	City	State
Secretary Name DOMINIQUE MOUNIER		Treasurer Name JEAN-PIERRE GROUT		
Street Address 82 SOUTH ST.		Street Address 82 SOUTH ST.		
City HOPKINTON	State MA	Zip 01748	City HOPKINTON	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DOMINIQUE MOUNIER		Director Name JACQUES MAIGNE		
Street Address 82 SOUTH ST.		Street Address 82 SOUTH ST.		
City HOPKINTON	State MA	Zip 01748	City HOPKINTON	State MA
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000	COMMON	\$ 0.01	1,000	COMMON

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date JAN 11 2008 12:39

Check No. By 04246647

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

Jean-Pierre Grout
Print or Type Name

CFO
Title