



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *1407*		2. Name of Corporation ASABET YARN MILLS, INC.			
3. Street Address Principal Business Office 467-469 ROOSEVELT AVE			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. (401) 727-2900		5. State of Incorporation RHODE ISLAND			6. SIC Code 653
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL TEXTILE					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David V. Goldstein			Vice President Name David V. Goldstein		
Street Address 467-469 Roosevelt Avenue			Street Address 467-469 Roosevelt Avenue		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name David V. Goldstein			Treasurer Name David V. Goldstein		
Street Address 467-469 Roosevelt Avenue			Street Address 467-469 Roosevelt Avenue		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David V. Goldstein			Director Name None		
Street Address 467-469 Roosevelt Avenue			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT <input type="checkbox"/> 11. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.10 PAR VALUE		1,000	Common	\$.10 Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED
1407 DBC1/16/031.17.30 PM
File Date MAR 03 2008
Check No. By DS 21038
By: _____
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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 of Officer David V. Goldstein Date 2/26/08
David V. Goldstein
Print or Type Name of Officer
President
Title of Officer