RI SOS Filing Number: 200809995880 Date: 03/31/2008 4:00 PM

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	2. Name of Corporation			
22343	Harvey Industries, Inc			
3. Street Address Principal Business Office		City	State	Zip
1400 Main Street		Waltham	MA	02451
4. Business Phone No.	5. State of Incorporation			
781-899-3500	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Alan M. Marlow	1400 Main Street	Waltham	MA	02451
Vice President Name	**Street Address**	**City**	**State**	**Zip**
James M. Barreira	1400 Main Street	Waltham	MA	02451
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Francis E. Martel	1400 Main Street	Waltham	Ma	02451
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Francis e. Martel	1400 Main Street	Waltham	MA	02451

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Erik Jarnryd	1400 Main Street	Waltham	MA	02451
Director Name	**Street Address**	**City**	**State**	**Zip**
Thomas F. Bigony	1400 Main Street	Waltham	Ma	02451
Director Name	**Street Address**	**City**	**State**	**Zip**
Alan M. Marlow	1400 Main Street	Waltham	MA	12451
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
237,000	$1.00 PAR VALUE	100,000 $ .10 PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
62,000	Preferred	$1.00
30,000	Common	$ .10

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.

[redacted]

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.

[redacted] 3/31/08
Signature *Date*

Cynthia J. Aulenbach
Print or Type Name

[redacted] Assistant Clerk
Title

File Date FILED
Check No. MAR 31 2008
By: By 286039
FOR SECRETARY OF STATE USE ONLY

21650-17-249981

Form 630 Rev. 12/06