



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. 4659		2. Name of Corporation Laurel Avenue Holding Corp.			
3. Street Address Principal Business Office 4 Laurel Avenue			City Coventry	State Rhode Island	Zip 02816
4. Business Phone No. (401) 828-1100		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Buying, selling, manufacturing, converting, throwing and distributing silk, rayon and synthetic yarns to be used in the manufacture of fabrics.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul O. Boghossian III			Vice President Name Randal W. Spencer		
Street Address 106 East Shore Road			Street Address 106 Lloyd Avenue		
City Jamestown	State RI	Zip 02835	City Providence	State RI	Zip 02906
Secretary Name Paul O. Boghossian			Treasurer Name Randal W. Spencer		
Street Address 106 East Shore Road			Street Address 106 Lloyd Avenue		
City Jamestown	State RI	Zip 02835	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Boghossian III			Director Name Randal W. Spencer		
Street Address 45 Belview Avenue			Street Address 106 Lloyd Avenue		
City Cambridge	State MA	Zip 02140	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Common	No Par Value	2220	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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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 SEP 05 2008

Check No. 04 7457 3:51 By [Signature]

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] 8-29-08  
Signature Date

Randal W. Spencer  
Print or Type Name

Vice President  
Title