



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 2009

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. 90986		2. Name of Corporation Colonial Mills, Inc.			
3. Street Address Principal Business Office 560 Mineral Spring Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-724-6279		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To acquire and operate machinery, equipment and other assets for manufacturing of braided rugs.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donald M. Scarlata			Vice President Name None		
Street Address 560 Mineral Spring Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name James H. Hahn			Treasurer Name Donald M. Scarlata		
Street Address 180 South Main Street			Street Address 560 Mineral Spring Avenue		
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Donald M. Scarlata			Director Name		
Street Address 560 Mineral Spring Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 340		Class/Series Common		Par Value \$0.01 par	
THIS SECTION MUST BE COMPLETED					

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.

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

James H. Hahn

Print or Type Name

Secretary

Title

File Date **FILED**
Check No. **FEB 13 2009**
By: **10888**
FOR SECRETARY OF STATE USE ONLY