

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 401.222.304

Filling Period: January 1 - March 1 • Filling 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(e&d)) is

subject to a penalty fee of \$25.00.					
Corporate ID No. 2. Name of Corporation					
7777 THE DIXELLE COMPANY					
3. Street Address Principal Business Office		City	State	Zip	
20 India Street			Pawtucket	RI	02860
4. Business Phone No. 5. State of Incorporation Rhode I					
6 Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		CES BEFORE USING A	TTACHMENTS
President Name ROBERT L. STEARNS			Vice President Name ROBERT L. STEARNS		
Street Address 62 Mt. View Drive			Street Address 62 Mt. View Drive		
City	State	Zψ	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Secretary Name	4	#=====================================	Treasurer Name	***********************	***************************************
ROBERT L. STEARNS Street Address			ROBERT L. STEARNS Street Address		
			:		
same as above	State	Ζip	same as above	0	7.
City .	, siene	Σų)	Chy	State	Ζψ
8. NAMES AND ADDRESSES	OF THE DIRECTOR:	: ("X" BOX FOR ATT	ACHMENT) □ FILL IN SE	PACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City.	State	Las	1 00	1	
City	siate	Zψ	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζψ	City	State	Ζψ
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			96	Common	No Par Value
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.					
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]	contained herein are u	anying schedules and state	ements, and that all statements
				The state of the s	2/ 15 /09
File Date				y L	
Check North an 2009			Signature Date ROBERT L. STEARNS		
1 -1 -1	1.00				
By:	<i>D</i>		Print or Type Name President		
FOR SECRETARY OF STA	TE USE ONLY		Title		