



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 13217		2. Name of Corporation The Entwistle Company		
3. Street Address Principal Business Office Bigelow Street		City Hudson	State MA	Zip 01749
4. Business Phone No. (508) 421-4000		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Cary Corkin		Vice President Name Anthony Celozzi		
Street Address Bigelow Street		Street Address Bigelow Street		
City Hudson	State MA	Zip 01749	City Hudson	State MA
Secretary Name George Kaplan		Treasurer Name Anthony Celozzi		
Street Address Bigelow Street		Street Address Bigelow Street		
City Hudson	State MA	Zip 01749	City Hudson	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Herbert I. Corkin		Director Name Thomas Robinson		
Street Address Bigelow Street		Street Address Bigelow Street		
City Hudson	State MA	Zip 01749	City Hudson	State MA
Director Name Dale Eck		Director Name		
Street Address Bigelow Street		Street Address		
City Hudson	State MA	Zip 01749	City	State
9. SHARES AUTHORIZED 2,000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series COMMON	Par Value 1.00
		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.

File Date	FILED
Check No.	OCT 15 2009
By:	By <u>14173</u>
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 Anthony M. Celozzi Date 10/16/09
Print or Type Name Anthony M. Celozzi
Title CEO + Treasurer