

9. SHARES AUTHORIZED

instruction sheet.

This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

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 _____ 2011

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(e&d)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 39177 Otto H. Mueller, Inc. Street Address Principal Business Office State Zψ 444 Wellington Avenue Cranston RI 02910 4. Business Phone No 5. State of Incorporation (401) 467-7910 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturing of Wire Formings 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Wallace Bowden Wallace Bowden Street Address Street Address 919 Ten Rod Rd Same City State City State Ζij Exeter R! **02822** Secretary Name Wallace Bowden Wallace Bowden Street Address Street Address Same Same City State Zip City State Zib 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Ζip City State Zip Director Name Director Name Street Address Street Address City State $Z\psi$ City State Z(p)

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.

Number of Shares

100

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

Class/Series

Common

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct. 2011 Signature Signature
By:BY	Wallace Bowden Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title

Par Value

NPV