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 2012

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(a), 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.	2. Name of Corporation			
70345	The Foxon Company			
3. Street Address Principal Business Office		City	State	Zip
c/o Ronald W. Del Sesto, 49 Weybosset Street		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			
401-421-1492	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture, fabricate, and assemble products

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
William D. Ewing					
Street Address			Street Address		
235 West Park Street					
City	State	Zip	City	State	Zip
Providence	RI	02908			
Secretary Name			Treasurer Name		
William D. Ewing			William D. Ewing		
Street Address			Street Address		
235 West Park Street			235 West Park Street		
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908

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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	None

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 MAR 01 2012
Check No. 4953 By MMC
By:
FOR SECRETARY OF STATE USE ONLY
71021 30 731636

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 2-23-12 Date

William D. Ewing
Print or Type Name

President
Title