

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 ~ **Email:** [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov) ~ **Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

**Filing Period:** January 1 - March 1 • This report must be typed or printed legibly.

**Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. <b>6476</b>		2. Exact name of the Corporation <b>Maguire Lace &amp; Warping, Inc.</b>								
3. Principal office address <b>65 Stone Street</b>				City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>		
4. Business Phone No. <b>401-821-1290</b>				5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Manufacture of Lace &amp; Warps</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Joseph Maguire</b>					Vice-President Name <b>Paula A. Maguire</b>					
Street Address <b>65 Stone Street</b>					Street Address <b>38 Lowell Street</b>					
City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>		City <b>Coventry</b>		Zip <b>02816</b>		
Secretary Name <b>Paula A. Maguire</b>					Treasurer Name <b>Joseph Maguire</b>					
Street Address <b>38 Lowell Street</b>					Street Address <b>65 Stone Street</b>					
City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>		City <b>Coventry</b>		Zip <b>02816</b>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>Joseph Maguire</b>					Director Name <b>Paula A. Maguire</b>					
Street Address <b>65 Stone Street</b>					Street Address <b>38 Lowell Street</b>					
City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>		City <b>Coventry</b>		Zip <b>02816</b>		
Director Name					Director Name					
Street Address					Street Address					
City		State		Zip		City		Zip		
9. SHARES AUTHORIZED					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.					NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
					500		Common		NO PAR	

*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**

Check No

**By:**

**FOR SECRETARY OF STATE USE ONLY**

**Form No. 630**  
**Revised: 01/2012**

**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.**

*Joseph Maguire*  
Signature of Authorized Representative

**06/05/2012**

Date \_\_\_\_\_

**Joseph Maguire**

Print or Type Name of Authorized Representative

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