



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 ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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.<br><b>52833</b>   |                    | 2. Exact name of the Corporation<br><b>GOODWIN-BRADLEY PATTERN CO., INC.</b> |                    |                     |
| 3. Principal office address<br><b>216 OXFORD STREET</b>  |                    | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02905</b> |
| 4. Business Phone No.<br><b>401-461-5220</b>   |                    | 5. State of Incorporation<br><b>RI</b>                                       |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>MANUFACTURER OF MOLDS, FOUNDRY PATTERNS</b>                              |                    |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |  |                    |                     |
| President Name<br><b>ROBERT H. GOODWIN</b>   |                    | Vice-President Name  |                    |                     |
| Street Address<br><b>216 OXFORD STREET</b>   |                    | Street Address   |                    |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02905</b>  | City               | State               |
| Secretary Name   |                    | Treasurer Name   |                    |                     |
| Street Address   |                    | Street Address   |                    |                     |
| City   | State              | Zip  | City               | State               |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |                    |  |                    |                     |
| Director Name  |                    | Director Name  |                    |                     |
| Street Address   |                    | Street Address   |                    |                     |
| City   | State              | Zip  | City               | State               |
| Director Name  |                    | Director Name  |                    |                     |
| Street Address   |                    | Street Address   |                    |                     |
| City   | State              | Zip  | City               | State               |
| <b>9. SHARES AUTHORIZED</b>  |                    | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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           |
|  |                    | 350  | 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 BY** K/651

**FILED**  
**JAN 09 2013**

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 of Authorized Representative  
**ROBERT H. GOODWIN**  
Date  
**01/08/2013**  
Print or Type Name of Authorized Representative