



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. 75315		2. Exact name of the Corporation Narragansett Reproductions, INC.			
3. Principal office address P.O. Box 51, 107 Woodville Rd.			City Wood River Jct.	State RI	Zip 02894
4. Business Phone No. 401-364-3839		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Automotive wire harness manufacturing.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward Pease			Vice-President Name Edmund P. Pease		
Street Address 107 Woodville Rd.			Street Address 107 Woodville Rd.		
City Woodriver, Jct.	State RI	Zip 02894	City Woodriver, Jct.	State RI	Zip 02894
Secretary Name Eric M. Pease			Treasurer Name Edward Pease		
Street Address 107 Woodville Rd.			Street Address 107 Woodville Rd.		
City Woodriver Jct.	State RI	Zip 02894	City Woodriver, Jct.	State RI	Zip 02894
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edward Pease			Director Name Edmund P. Pease		
Street Address 107 Woodville Rd.			Street Address 107 Woodville Rd.		
City Woodriver, Jct.	State RI	Zip 02894	City Woodriver, Jct.	State RI	Zip 02894
Director Name Eric Pease			Director Name		
Street Address 107 Woodville Rd.			Street Address		
City Woodriver, Jct.	State RI	Zip 02894	City	State	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
			None	None	None
			None	None	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.

File Date _____

Check No _____

By: _____ BY 30812

FOR SECRETARY OF STATE USE ONLY

JAN 23 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.

Edward Pease

01/21/2013

Signature of Authorized Representative

Date

Edward Pease

Print or Type Name of Authorized Representative