RI SOS Filing Number: 201312459810 Date: 02/21/2013 4:00 PM

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.	2. Exact name of the Corporation
15826	SYLAR WIRE CORPORATION

3. Principal office address	City	State	Zip
330 WATERMAN AVENUE	EAST PROVIDENCE	RI	02914

4. Business Phone No.	5. State of Incorporation
401-934-3698	RI

6. Brief description of the character of business conducted in Rhode Island
FORMER PRIMARY BUSINESS OF PROCESSING OF VINYL & POLYESTER FILMS WINDING DOWN, STILL OWNS COMMERCIAL REAL ESTATE.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
PAUL M. COHEN	NONE
Street Address: 26 HUNTINGHOUSE LANE	Street Address:
City: NORTH SCITUATE, State: RI, Zip: 02857	City: , State: , Zip:
Secretary Name	**Treasurer Name**
PAUL M. COHEN	PAUL M. COHEN
Street Address: SAME	Street Address: SAME
City: , State: , Zip:	City: , State: , Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
PAUL M. COHEN	
Street Address: SAME	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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	COMMON	WITHOUT PAR VALUE

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

FILED
FEB 21 2013
BY 30948

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 — Date 2/19/13

PAUL M. COHEN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

89213-12-839197