



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 2014

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>122559</b>		2. Exact name of the Corporation <b>BARRY WRIGHT CORPORATION</b>					
3. Principal office address <b>82 SOUTH ST.</b>		City <b>HOPKINTON</b>	State <b>MA</b>	Zip <b>01748</b>			
4. Business Phone No. <b>508 417-7000</b>		5. State of Incorporation <b>DE</b>					
6. Brief description of the character of business conducted in Rhode Island <b>SALE OF ISOLATION AND ANTI-VIBRATION DEVICES</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>CHAIRMAN OF THE BOARD LAURENT POIRIER</b>		Vice-President Name <b>VP OF SALES + MARKETING PAUL STUPINSKI</b>					
Street Address <b>82 SOUTH ST.</b>		Street Address <b>82 SOUTH ST.</b>					
City <b>HOPKINTON</b>	State <b>MA</b>	Zip <b>01748</b>	City <b>HOPKINTON</b>	State <b>MA</b>	Zip <b>01748</b>		
Secretary Name <b>KELI CRANDALL VIERECK</b>		Treasurer Name <b>SHANO CRISTILLI</b>					
Street Address <b>1201 LOUISIANA ST.</b>		Street Address <b>4510 VANOWEN ST.</b>					
City <b>HOUSTON</b>	State <b>TX</b>	Zip <b>77002</b>	City <b>BURBANK</b>	State <b>CA</b>	Zip <b>91505</b>		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>GRANT HINTZE</b>		Director Name <b>CÉDRIC DUCLOS</b>					
Street Address <b>4510 VANOWEN ST.</b>		Street Address <b>82 SOUTH ST.</b>					
City <b>BURBANK</b>	State <b>CA</b>	Zip <b>91505</b>	City <b>HOPKINTON</b>	State <b>MA</b>	Zip <b>01748</b>		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	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 <b>1000</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>.01</b>

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

JAN 29 2014

49-215999

A.A.

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.

*Paul Stupinski*  
Signature of Authorized Representative

Date

**PAUL STUPINSKI**  
Print or Type Name of Authorized Representative