

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.

1. Entity ID No.		LE THIS REPORT BY M me of the Corporation	,		· · · · · · · · · · · · · · · · · · ·
88038	1	Corporation			
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3. Principal office address 5 Division Street, Box 2			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-866-5557			State of Incorporat Rhode Island	ion	
5. Brief description of the cha To Create, Manufactu					
7. LIST <u>ALL</u> OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR A	TACHMENT)		
President Name Leif Reslow			Vice-President Name		
Street Address 5 Division Street, Box	x 2		Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Scott Reslow			Treasurer Name Leif Reslow		
Street Address 5 Division Street, Box 2			Street Address 5 Division Street, Box 2		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
. LIST <u>all</u> directors (N	AMÉS AND ADO	RESSES) ("X" BOX FOR	ATTACHMENT) 🗸		
Director Name Leif Reslow			Director Name Anton Schabru	n	
Street Address 5 Division Street, Box	: 2		Street Address 5 Division Street	et, Box 2	
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Thomas Northup			Director Name Rex Stone		
Street Address 5 Division Street, Box	(2		Street Address 5 Division Street	et, Box 2	
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		5,000	Common	\$0.01	

FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Representative
FOR SECRETARY OF STATE USE ONLY	Leif Reslow
Ву:	Signature of Authorized Representative Date
FFR 1	3 2014 7.62 / 2/7/14
Check No	and that all statements contained herein are true and correct.
File Date FILE	this report, including any accompanying schedules and statements
	Under penalty of perjury, I declare and affirm that I have examined

Form No. 630 Revised: 01/2012

Attachment to 2014 Annual Report Foldex Corporation

DIRECTORS

Name	Address
Leif Reslow	5 Division Street Box 2 East Greenwich, RI 02818
Thomas Northup	5 Division Street Box 2 East Greenwich, RI 02818
Anton Schabrun	5 Division Street Box 2 East Greenwich, RI 02818
Rex Stone	5 Division Street Box 2 East Greenwich, RI 02818
William Kimbell	5 Division Street Box 2 East Greenwich, RI 02818

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