



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. 92872		2. Exact name of the Corporation The Gates Corporation			
3. Principal office address 1551 Wewatta Street		City Denver	State CO	Zip 80202	
4. Business Phone No. 303-744-4216		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Manufacturer of rubber products, raw polyester fiber & marketing of molded fiber products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name James Nicol			Vice-President Name Thomas C. Reeve		
Street Address 1551 Wewatta Street			Street Address 1551 Wewatta Street		
City Denver	State CO	Zip 80202	City Denver	State CO	Zip 80202
Secretary Name Thomas C. Reeve			Treasurer Name Nicolas Paul Wilkinson		
Street Address 1551 Wewatta Street			Street Address 1551 Wewatta Street		
City Denver	State CO	Zip 80202	City Denver	State CO	Zip 80202
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name James Nicol			Director Name John W. Zimmerman		
Street Address 1551 Wewatta Street			Street Address 1551 Wewatta Street		
City Denver	State CO	Zip 80202	City Denver	State CO	Zip 80202
Director Name Patrick Campbell			Director Name Samuel Blachman		
Street Address 1551 Wewatta Street			Street Address 1551 Wewatta Street		
City Denver	State CO	Zip 80202	City Denver	State CO	Zip 80202
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			45,528	COMM	NPV

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: _____

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FILED

Form No. 630
Revised: 01/2012

FEB 27 2014

BY CA 218477

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

Joseph C. Procopio, Assistant Treasurer

Print or Type Name of Authorized Representative