



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

1. Corporate ID No. 158114		2. Name of Corporation Summer Infant (USA), Inc.			
3. Street Address Principal Business Office 1275 Park East Drive			City Woonsocket		State RI
					Zip 02895
4. Business Phone No. 401-671-6550		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island consumer products company					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carol Bramson			Vice President Name Assistant Treasurer Teodor Klowan, Jr.		
Street Address 1275 Park East Drive			Street Address 1275 Park East Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name David Hemendinger			Treasurer Name Paul Francese		
Street Address 1275 Park East Drive			Street Address 1275 Park East Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Carol Bramson			Director Name David Hemendinger		
Street Address 1275 Park East Drive			Street Address 1275 Park East Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Director Name			Director Name		
Street Address			Street Address		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000	\$0.0001 Par Value		10	Common	\$0.0001

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.

FILED

MAR 03 2014

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. */s/*

Continued herein are true and correct.

Ted Klowan Feb 1, 2014
Signature Date

TEODOR KLOWAN, JR.
Print or Type Name

ASSISTANT TREASURER
Title

Form 630 Rev. 12/06

File Date _____ By _____

Check No. _____

By: _____

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