



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.

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|--|--------------------|--|--|--------------------|---------------------|
| 1. Entity ID No. 69494 | | 2. Exact name of the Corporation Universal Shaped Wire, Inc. | | | |
| 3. Principal office address One Horton Street | | | City Providence | State RI | Zip 02904 |
| 4. Business Phone No. (401) 421-5751 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island Manufacturing, shaping, fabricating and selling of wire and wire products. | | | | | |
| President Name Edwin Sutcliffe | | | Vice-President Name Roger Wild | | |
| Street Address One Horton Street | | | Street Address One Horton Street | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Secretary Name Lisa Sutcliffe | | | Treasurer Name Edwin Sutcliffe | | |
| Street Address One Horton Street | | | Street Address One Horton Street | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Director Name Edwin Sutcliffe | | | Director Name Roger Wild | | |
| Street Address Same as above | | | Street Address Same as above | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 |
| | | | 33 1/3 | Common | No par |
| | | | | | |

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.

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.

Edwin F. Sutcliffe 4-30-14
 Signature of Authorized Representative Date
Edwin Sutcliffe
 Print or Type Name of Authorized Representative

FILED
MAY 13 2014
 BY 14531