

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 2016

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No. 96832	j	2. Exact name of the Corporation ArtVac Corporation				
3. Principal office address 17 New England Wa	ıy		City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401-333-6210			5. State of Incorporation Rhode Island			
 Brief description of the ch Engaging in the bus findings, trimmings 	siness of mani	ufacturing, selling at	-	il, and otherwise de	ealing in shoe	
LIST ALL OFFICERS (N	AMES AND ADDR	RESSES) ("X" BOX FOR A	TTACHMENT)	41 + 114 - 4	0.000	
President Name W. Russell Mershor			Vice-President Name	}		
Street Address 17 New England Wa	у		Street Address	- 94-P-A		
City Lincoln	State RI	Zip 02865	City	State	Zip	
Secretary Name Raymond W. Hodge	ecretary Name Raymond W. Hodges			Treasurer Name Joseph A. Maneca		
Street Address 17 New England Way			Street Address 17 New England Way			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
3. LIST <u>ALL</u> DIRECTORS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		1,500,000,000	
Director Name Herbert B. Mershon			Director Name W. Russell Mershon			
Street Address 17 New England Way			Street Address 17 New England Way			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
Director Name Joseph A. Maneca			Director Name			
Street Address 17 New England Way			Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip	
SHARES AUTHORIZED	X 1		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
		· · · · · · · · · · · · · · · · · · ·			PAR VALUE	
f State. Changes require a	rmation is currently of record in the Office of the Secreta Changes require an additional filing. ion 9 of instruction sheet.		300	Common	\$1 par value	
This report must be execute	ed on behalf of the this report mus	corporation by an authorize st be executed on behalf of	the corporation by the r	corporation is in the hands eceiver or trustee. erjury, I declare and affir		

this report must be executed on behalf of	r the corporation by the receiver of trustee.		
File DateFILED	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.		
DCC 0.0 com	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONCEC 2 8 2015	W. Russell Mershon, President		
orm No. 520.	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012