RI SOS Filing Number: 201691004320 Date: 01/19/2016 4:00 PM

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.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
42773	Warwick Fasteners, Inc		
3. Principal office address	City	State	Zip
50 Pennsylvania Avenue	Warwick	RI	02888
4. Business Phone No.	5. State of Incorporation		
401 739-9200	RI		

6. Brief description of the character of business conducted in Rhode Island
Distributor of various Industrial Fasteners and Supplies

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Douglas Wilkinson					
Street Address			Street Address		
90 Dale Street					
City	State	Zip	City	State	Zip
Abington	MA	02351			
Secretary Name			Treasurer Name		
Beth H. Gabriel			F. W. Wilkinson		
Street Address			Street Address		
47 Frontier Road			55 Dana Road		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Weymouth	MA	02188

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
The above listed Officers are all Directors					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	266		

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
JAN 19 2016
BY 3410

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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 1/4/16

Douglas Wilkinson
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
131346-115-1101814