



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. 65580		2. Exact name of the Corporation AMERICAN CORD & WEBBING CO., INC.		
3. Principal office address 88 Century Drive		City Woonsocket	State RI	Zip 02895
4. Business Phone No. (401) 762-5500		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Design, manufacture and deal in all forms of cording and webbing.				
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Mark J. Krauss		Vice-President Name Chairman		
Street Address 88 Century Drive		Street Address 88 Century Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI
Secretary Name Norman Jay Bolotow		Treasurer Name Mark J. Krauss		
Street Address 245 Waterman Street - Suite 401		Street Address 88 Century Drive		
City Providence	State RI	Zip 02906	City Woonsocket	State RI
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Mark J. Krauss		Director Name Raymond R. Velino		
Street Address 88 Century Drive		Street Address 88 Century Drive		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI
Director Name Dennis M. Smith		Director Name		
Street Address 88 Century Drive		Street Address		
City Woonsocket	State RI	Zip 02895	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	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.

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

Mark J. Krauss

Print or Type Name of Authorized Representative

FILED
FEB 01 2016

KL 56184