



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. 958352		2. Exact name of the Corporation PCL Fixtures, Inc			
3. Principal office address 275 Ferris Avenue			City Rumford	State RI	Zip 02916
4. Business Phone No. 401-334-4646			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Design & manufacture of store displays					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donald Budnick			Vice-President Name Dorothy Budnick		
Street Address 81 Bayberry Trail			Street Address 81 Bayberry Trail		
City S. Windsor	State CT	Zip 06074	City S. Windsor	State CT	Zip 06074
Secretary Name Donald Budnick			Treasurer Name Donald Budnick		
Street Address 81 Bayberry Trail			Street Address 81 Bayberry Trail		
City S. Windsor	State CT	Zip 06074	City S. Windsor	State CT	Zip 06074
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
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) <input type="checkbox"/>		
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
			1,000	CNP	10.00

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 _____

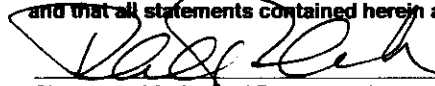
By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED
FEB 16 2016
KLC 3911

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.

 2/2/16
 Signature of Authorized Representative Date
 Donald Budnick
 Print or Type Name of Authorized Representative