



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. 886		2. Exact name of the Corporation American Foam Corporation			
3. Principal office address 61 John Street			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-944-4990		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island manufacturing and selling of goods made of foam rubber and plastic					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Julius C. Martin			Vice-President Name None		
Street Address 6 Model Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Everett A. Marabian, Sr.			Treasurer Name Julius C. Martin		
Street Address 20 Bentley Road			Street Address 6 Model Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Everett A. Marabian, Sr.			Director Name Julius C. Martin		
Street Address 20 Bentley Road			Street Address 6 Model Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
Director Name Americo Scungio			Director Name None		
Street Address 91 Friendship Street			Street Address		
City Providence	State RI	Zip 02903	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
			600	Common	No par value

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 18 2016
 BY KL 22908

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.

Julius C. Martin 2/5/2016
 Signature of Authorized Representative Date

Julius C. Martin
 Print or Type Name of Authorized Representative