



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. <b>122559</b>		2. Exact name of the Corporation <b>HUTCHINSON AEROSPACE &amp; INDUSTRY, INC.</b>			
3. Principal office address <b>82 SOUTH STREET</b>		City <b>HOPKINTON</b>	State <b>MA</b>	Zip <b>01748</b>	
4. Business Phone No. <b>508-417-7000</b>		5. State of Incorporation <b>DE</b>			
6. Brief description of the character of business conducted in Rhode Island <b>SALE OF ISOLATION AND ANTI-VIBRATION DEVICES</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>CEDRIC DUCLOS</b>			Vice-President Name		
Street Address <b>460 FULLER AVE. NE</b>			Street Address		
City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49503</b>	City	State	Zip
Secretary Name <b>KELI CRANDALL VIERECK</b>			Treasurer Name <b>SHANO CRISTILLI</b>		
Street Address <b>1201 LOUISIANA ST.</b>			Street Address <b>4510 VANOWEN ST.</b>		
City <b>HOUSTON</b>	State <b>TX</b>	Zip <b>77002</b>	City <b>BURBANK</b>	State <b>CA</b>	Zip <b>91505</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>CEDRIC DUCLOS</b>			Director Name <b>GRANT HINTZE</b>		
Street Address <b>460 FULLER AVE. NE</b>			Street Address <b>4510 VANOWEN ST.</b>		
City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49503</b>	City <b>BURBANK</b>	State <b>CA</b>	Zip <b>91505</b>
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.					

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 25 2016**

BY

**KL 622469**

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.

*Shano Cristilli*

Signature of Authorized Representative

Date

**2/23/16**

**SHANO CRISTILLI**

Print or Type Name of Authorized Representative