



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. 122559		2. Exact name of the Corporation HUTCHINSON AEROSPACE & INDUSTRY, INC.			
3. Principal office address 82 SOUTH STREET			City HOPKINTON	State MA	Zip 01748
4. Business Phone No. 508-417-7000			5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island SALE OF ISOLATION AND ANTI-VIBRATION DEVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CEDRIC DUCLOS			Vice-President Name		
Street Address 460 FULLER AVE. NE			Street Address		
City GRAND RAPIDS	State MI	Zip 49503	City	State	Zip
Secretary Name KELI CRANDALL VIREECK			Treasurer Name SHANO CRISTILLI		
Street Address 1201 LOUISIANA ST.			Street Address 4510 VANOWEN ST.		
City HOUSTON	State TX	Zip 77002	City BURBANK	State CA	Zip 91505
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CEDRIC DUCLOS			Director Name GRANT HINTZE		
Street Address 460 FULLER AVE. NE			Street Address 4510 VANOWEN ST.		
City GRAND RAPIDS	State MI	Zip 49503	City BURBANK	State CA	Zip 91505
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
			1000	COMMON	.01

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

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

2/23/16

Date

SHANO CRISTILLI

Print or Type Name of Authorized Representative