



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. 31388		2. Exact name of the Corporation MILBRO GAGE CORP			
3. Principal office address 58 NS INDUSTRIAL DRIVE			City SLATERSVILLE	State RI	Zip 02876-0896
4. Business Phone No. 401-765-0900			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island DESIGN AND MANUFACTURE PRECISION GAGES/GAUGES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAULINE J BRODEUR			Vice-President Name PAULINE J BRODEUR		
Street Address 384 WEST WRENTHAM RD			Street Address 384 WEST WRENTHAM RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name PAULINE J BRODEUR			Treasurer Name PAULINE J BRODEUR		
Street Address 384 WEST WRENTHAM RD			Street Address 384 WEST WRENTHAM RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name PAULINE J BRODEUR			Director Name NONE		
Street Address 384 WEST WRENTHAM RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name NONE			Director Name NONE		
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
			50	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

FILED

FEB 25 2016

BY KL1190

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.

Pauline J. Brodeur 02/02/2016
 Signature of Authorized Representative Date

PAULINE J. BRODEUR, PRESIDENT

Print or Type Name of Authorized Representative