



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. 86410		2. Exact name of the Corporation T.E.A.M., Inc.			
3. Principal office address 841 Park East Drive PO Box 25			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-762-1500			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To manufacture and distribute textile products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven R. Clarke			Vice-President Name Gerald Moore		
Street Address 12 Wilson Place			Street Address 2 Thyme Lane		
City Mansfield	State MA	Zip 02048	City North Attleboro	State MA	Zip 02760
Secretary Name			Treasurer Name Robert Miniutti		
Street Address			Street Address 31 Buloid Avenue		
City	State	Zip	City Jamestown	State RI	Zip 02835
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven R. Clarke			Director Name Gerald Moore		
Street Address 12 Wilson Place			Street Address 2 Thyme Lane		
City Mansfield	State MA	Zip 02048	City North Attleboro	State MA	Zip 02760
Director Name Robert Miniutti			Director Name		
Street Address 31 Buloid Avenue			Street Address		
City Jamestown	State RI	Zip 02835	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 29 2016
 HL 10646

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.

Steven R. Clarke 02/22/2016
 Signature of Authorized Representative Date

Steven R. Clarke
 Print or Type Name of Authorized Representative