



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. 42903		2. Exact name of the Corporation Anixter Inc.			
3. Principal office address 2301 Patriot Blvd.		City Glenview		State IL	Zip 60026
4. Business Phone No. (224)521-8494		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Value Added Distributor of Elec. Wire, Cable, Telecommunication & Security Products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Eck			Vice-President Name Robert Frueh		
Street Address 2301 Patriot Blvd.			Street Address 2301 Patriot Blvd.		
City Glenview	State IL	Zip 60026	City Glenview	State IL	Zip 60026
Secretary Name Justin Choi			Treasurer Name Rod Shoemaker		
Street Address 2301 Patriot Blvd.			Street Address 2301 Patriot Blvd.		
City Glenview	State IL	Zip 60026	City Glenview	State IL	Zip 60026
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Eck			Director Name Theodore Dosch		
Street Address 2301 Patriot Blvd.			Street Address 2301 Patriot Blvd.		
City Glenview	State IL	Zip 60026	City Glenview	State IL	Zip 60026
Director Name Justin Choi			Director Name N/A		
Street Address 2301 Patriot Blvd.			Street Address N/A		
City Glenview	State IL	Zip 60026	City N/A	State N/A	Zip N/A
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
			2,714	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

Form No. 630
Revised: 01/2012

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.

Signature of Authorized Representative

Date

Robert Frueh, VP - Taxes

Print or Type Name of Authorized Representative

MAR 21 2016

BY 06198572
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