



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000010534		2. Exact name of the Corporation MICROFIBRES, INC.			
3. Principal Office Address ONE MOSHASSUCK STREET		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 81 - Other Services (except Put	6. Brief description of the character of business conducted in Rhode Island MANUFACTURING AND SALE OF TEXTILES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES MCCULLOCH		Vice-President Name NONE			
Street Address 35 COOKE STREET		Street Address			
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name MARY ANN BEIRNE		Treasurer Name			
Street Address 1 MOSHASSUCK STREET		Street Address			
City PAWTUCKET	State ri	Zip 02860	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 30,000.00		CLASS/SERIES CWP	PAR VALUE 1.0000
11. 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. 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.					
Name of Authorized Representative Joseph M. DiOrio, as Trustee of Microfibres, Inc.				Date 12/20/2016	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016