



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

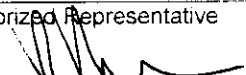
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2017 JAN 23 AM 9:31
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
RECEIVED

1. Entity ID Number 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. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Hutchinson Aerospace & Industry, Inc. designs, develops, manufactures, and sells shock and vibration isolation engineered products.													
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name LAURENT POIRIER			Vice-President Name											
Street Address 82 SOUTH STREET			Street Address											
City HOPKINTON	State MA	Zip 01748	City	State	Zip									
Secretary Name KELI CRANDALL VIERECK			Treasurer Name SHANO CRISTILLI											
Street Address 1201 LOUISIANA STREET			Street Address 4510 VANOWEN STREET											
City HOUSTON	State TX	Zip 77002	City BURBANK	State CA	Zip 91505									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name LAURENT POIRIER			Director Name ROBERT ANDERSON											
Street Address 82 SOUTH STREET			Street Address 82 SOUTH STREET											
City HOPKINTON	State MA	Zip 01748	City HOPKINTON	State MA	Zip 01748									
Director Name GRANT HINTZE			Director Name											
Street Address 4510 VANOWEN STREET			Street Address											
City BURBANK	State CA	Zip 91505	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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>COMMON</td><td>.01</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	COMMON	.01												
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 ROBERT ANDERSON					Date 1/11/17									
Signature of Authorized Representative 					FILED JAN 23 2017									

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

By AR 293772