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.

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

1. Entity ID Number	2. Exact name of the Corporation
122559	HUTCHINSON AEROSPACE & INDUSTRY, INC.

3. Principal Office Address	City	State	Zip
82 SOUTH STREET	HOPKINTON	MA	01748

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	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 ☐

President Name			Vice-President Name		
LAURENT POIRIER					
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 ☐

Director Name			Director Name		
LAURENT POIRIER			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 ☐

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	Date
ROBERT ANDERSON	1/11/17

FILED

Signature of Authorized Representative

SIGN DOCUMENT HERE

JAN 23 2017

By AR 293772

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

FORM 630 - Revised: 10/2016