RI SOS Filing Number: 201733954530 Date: 02/10/2017 4:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
1341053	Conneaut Industries IC-DISC, Inc.

3. Principal Office Address	City	State	Zip
89 HOPKINS HILL ROAD	WEST GREENWICH	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33	MANUFACTURING TEXTILE PRODUCTS
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
LANCELOT BANFIELD	RUSSELL KIBBE
Street Address: 89 HOPKINS HILL RD	Street Address: 89 HOPKINS HILL RD
City: WEST GREENWICH, State: RI, Zip: 02816	City: WEST GREENWICH, State: RI, Zip: 02816
Secretary Name	**Treasurer Name**
ROSS G. BANFIELD	LANCELOT BANFIELD
Street Address: 89 HOPKINS HILL RD	Street Address: 89 HOPKINS HILL RD
City: WEST GREENWICH, State: RI, Zip: 02816	City: WEST GREENWICH, State: RI, Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
JOHN P. SANTOS	LANCELOT BANFIELD
Street Address: 89 HOPKINS HILL RD	Street Address: 89 HOPKINS HILL RD
City: WEST GREENWICH, State: RI, Zip: 02816	City: WEST GREENWICH, State: RI, Zip: 02816
Director Name	**Director Name**
ROSS G. BANFIELD	
Street Address: 89 HOPKINS HILL RD	Street Address:
City: WEST GREENWICH, State: RI, Zip: 02816	City: , State: , Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	CWP	$1.00

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
LANCELOT BANFIELD	2-2-17

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

FILED
FEB 10 2017
BY 050756

FORM 630 - Revised: 10/2016

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