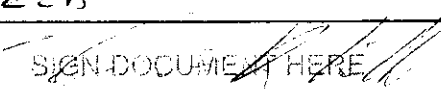




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 1341053		2. Exact name of the Corporation Conneaut Industries IC-DISC, Inc.			
3. Principal Office Address 89 HOPKINS HILL ROAD		City WEST GREENWICH		State RI	Zip 02816
4. NAICS Code 31-33	6. Brief description of the character of business conducted in Rhode Island MANUFACTURING TEXTILE PRODUCTS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LANCELOT BANFIELD			Vice-President Name 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 ROSS G. BANFIELD			Treasurer Name 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 <input type="checkbox"/>					
Director Name JOHN P. SANTOS			Director Name 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 ROSS G. BANFIELD			Director Name		
Street Address 89 HOPKINS HILL RD			Street Address		
City WEST GREENWICH	State RI	Zip 02816	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	CLASS/SERIES	PAR VALUE
			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 LANCELOT BANFIELD					Date 2-2-17
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

FILED

FEB 10 2017

BY

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FORM 630 - Revised: 10/2016