State of Rhode Island and Providence Plantations

Department of State Business Complete Division

4 Entire ID Number		
1. Entity ID Number 2. Exact name of the Corporation 119822 Symmetry International, Inc.		
Principal Office Address 1119 Douglas Avenue	City North Providence	Sta RI

31-33 - Manufacturing	Foam fabri	ication					
5. State of Incorporation							
RI							
7. List ALL officers (names ar	nd addresses)			Che	eck the box to in	dicate an attachment	
President Name Steven A. Lancia				Vice-President Name Steven A. Lancia			
Street Address 1119 Douglas Avenue			Street Addres	Street Address 1119 Douglas Avenue			
City North Providence	State RI	^{Zip} 02904	City North P	rovidence	State RI	^{Zip} 02904	
Secretary Name Steven A. Lancia			Treasurer Nar	Treasurer Name Steven A. Lancia			
Street Address 119 Douglas Avenue			Street Addres	Street Address 1119 Douglas Avenue			
City North Providence	State RI	^{Zip} 02904	City North Providence		State RI	^{Zip} 02904	
8. List ALL directors (names a	ind addresses)			Che	eck the box to inc	dicate an attachment	
Director Name			Director Name)			
Street Address		***************************************	Street Address	S			
City	State	Zip	City		State	Zip	
Director Name	<u> </u>		Director Name)	I		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9, Shares Authorized	<u> </u>	10. Shares Is	sued	Che	eck the box to inc	dicate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
		100		Common		No Par	
Changes require an additional t	filing.						

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

Steven Al Lancia

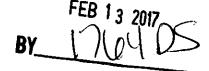
MAIL TO:

Signature of Authorized Representative

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



State

RΙ

Zip

02904