



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 119822		2. Exact name of the Corporation Symmetry International, Inc.			
3. Principal Office Address 1119 Douglas Avenue		City North Providence	State RI	Zip 02904	
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Foam fabrication				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Steven A. Lancia			Vice-President Name Steven A. Lancia		
Street Address 1119 Douglas Avenue			Street Address 1119 Douglas Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Steven A. Lancia			Treasurer Name Steven A. Lancia		
Street Address 119 Douglas Avenue			Street Address 1119 Douglas Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par	
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 A. Lancia				Date 1/30/17	
Signature of Authorized Representative <i>Steven A. Lancia</i>					

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
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BY 1764 DS