



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 <b>3004</b>		2. Exact name of the Corporation <b>Bruin Plastics Company, Inc.</b>			
3. Principal Office Address <b>61 Joslin Road</b>		City <b>Glendale</b>		State <b>RI</b>	Zip <b>02826</b>
4. NAICS Code <input type="checkbox"/>	6. Brief description of the character of business conducted in Rhode Island <b>Wholesale, distribute, market and sell or otherwise trade in and with chemically treated and coated textile fabrics.</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Dennis E. Angelone</b>			Vice-President Name <b>Steven M. Angelone</b>		
Street Address <b>61 Joslin Road</b>			Street Address <b>61 Josline Road</b>		
City <b>Glendale</b>	State <b>RI</b>	Zip <b>02826</b>	City <b>Glendale</b>	State <b>RI</b>	Zip <b>02826</b>
Secretary Name <b>Dennis E. Angelone</b>			Treasurer Name <b>Dennis E. Angeloone</b>		
Street Address <b>61 Joslin Road</b>			Street Address <b>61 Joslin Road</b>		
City <b>Glendale</b>	State <b>RI</b>	Zip <b>02826</b>	City <b>Glendale</b>	State <b>RI</b>	Zip <b>02826</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dennis E. Angelone</b>			Director Name <b>Steven M. Angelone</b>		
Street Address <b>61 Joslin Road</b>			Street Address <b>61 Josline Road</b>		
City <b>Glendale</b>	State <b>RI</b>	Zip <b>02826</b>	City <b>Glendale</b>	State <b>RI</b>	Zip <b>02826</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>1000 Common Par Value</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
<b>316.66</b>		<b>Common</b>		<b>No Par</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Dennis E. Angelone, President</b>					Date <b>2-10-17</b>
Signature of Authorized Representative <i>Dennis E. Angelone</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** *aw*

**FEB 15 2017**

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