



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.

(Handwritten signature in a circle)

1. Entity ID Number 1033223		2. Exact name of the Corporation ROSS MATTHEWS PRODUCTS, INC.			
3. Principal Office Address 9 HARVEST ROAD			City REHOBOTH	State MA	Zip 02769
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE OF BRAID			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRED J. GUARINO			Vice-President Name NONE		
Street Address 9 HARVEST ROAD			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name FRED J. GUARINO			Treasurer Name FRED J. GUARINO		
Street Address 9 HARVEST ROAD			Street Address 9 HARVEST ROAD		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name FRED J. GUARINO			Director Name NONE		
Street Address 9 HARVEST ROAD			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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		COMMON	NO PAR VALUE
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 FRED J. GUARINO					Date 1/31/17
Signature of Authorized Representative <i>(Handwritten signature)</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
 FEB 27 2017
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