



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 65580		2. Exact name of the Corporation AMERICAN CORD & WEBBING CO., INC.	
3. Principal Office Address 88 Century Drive		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Design, manufacture and deal in all forms of cording and webbing.		
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 Mark J. Krauss		Vice-President Name Mark J. Krauss, Chairman	
Street Address 88 Century Drive		Street Address 88 Century Drive	
City Woonsocket	State RI	City Woonsocket	State RI
	Zip 02895		Zip 02895
Secretary Name Norman Jay Bolotow		Treasurer Name Mark J. Krauss	
Street Address 245 Waterman Street - Suite 401		Street Address 88 Century Drive	
City Providence	State RI	City Woonsocket	State RI
	Zip 02906		Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Mark J. Krauss		Director Name Raymond R. Velino	
Street Address 88 Century Drive		Street Address 88 Century Drive	
City Woonsocket	State RI	City Woonsocket	State RI
	Zip 02895		Zip 02895
Director Name Dennis M. Smith		Director Name	
Street Address 88 Century Drive		Street Address	
City Woonsocket	State RI	City	State
	Zip 02895		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
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 Mark J. Krauss		Date 1-6-17	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

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 **059026**

FORM 630 - Revised: 08/2016