



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 54066		2. Exact name of the Corporation PROVIDENCE BRAID COMPANY			
3. Principal Office Address 358 LOWDEN STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 31-33		6. Brief description of the character of business conducted in Rhode Island TEXTILE MANUFACTURING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name HARRISON H. HUNTOON			Vice-President Name HOWARD HUNTOON, JR.		
Street Address 358 LOWDEN STREET			Street Address 358 LOWDEN STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name KAREN G. DELPONTE			Treasurer Name HARRISON H. HUNTOON		
Street Address 301 PROMENADE STREET			Street Address 358 LOWDEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HARRISON H. HUNTOON			Director Name NANCY FORSYTH		
Street Address 358 LOWDEN STREET			Street Address 20 WOODCREST LANE		
City PAWTUCKET	State RI	Zip 02860	City BURLINGTON	State VT	Zip 05401
Director Name KAREN G. DELPONTE			Director Name HOWARD HUNTOON JR.		
Street Address 301 PROMENADE STREET			Street Address 358 LOWDEN STREET		
City PROVIDENCE	State RI	Zip 02908	City PAWTUCKET	State RI	Zip 02860
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			1228	COMMON	\$100
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 HARRISON H HUNTOON					Date 2-22-2017
Signature of Authorized Representative <i>Harrison H. Huntoon</i> 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
 MAR 03 2017
 By 297407
 A.A.

**ATTACHMENT TO 2017 ANNUAL REPORT
FOR
PROVIDENCE BRAID COMPANY**

7. Additional Officer:

Burton A. Huntoon, Assistant Vice President & Assistant Treasurer
358 Lowden Street
Pawtucket, RI 02860