State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report f	or the year:
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Corporation

2017

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00	fee if form is not	filed by April 1.						
Entity ID Number	2. Exact name of the Corporation							
54066	PROVIDENCE BRAID COMPANY							
3. Principal Office Address			City		State	Zip		
358 LOWDEN STREET			P.	AWTUCKET	RI	02860		
4. NAICS Code	6. Brief descrip	tion of the charact	er of business	conducted in Rhode	Island			
31-33	TEXTILE MANUFACTURING							
5. State of Incorporation	7		0111110					
RI								
7. List ALL officers (names and ad	dresses)		····	Chec	k the box to indic	ate an attachment 🔀		
President Name				Vice-President Name				
HARRISON H. HUNTOON Street Address								
358 LOWDEN STREET				Street Address 358 LOWDEN STREET				
City	State	Zip	City	TUCKET	State RI	^{Zi} 02860		
PAWTUCKET Secretary Name	RI	02860				02000		
KAREN G. DELPONTE				Treasurer Name HARRISON H. HUNTOON				
Street Address			1	Street Address				
301 PROMENADE STREE	OMENADE STREET State Zip			358 LOWDEN STREET				
PROVIDENCE	RI	02908	City PAW1	TUCKET	State RI	Zip 02860		
8. List ALL directors (names and a					k the box to indic	ate an attachment		
Director Name HARRISON H. HUNTOON NANCY FORSYTH								
Street Address				Street Address				
358 LOWDEN STREET		T-1.		WOODCREST L				
PAWTUCKET	State	^{Zip} 02860	City BURLI	NGTON	State VT	Zip 05401		
Director Name	111			Director Name				
KAREN G. DELPONTE				HOWARD HUNTOON JR.				
Street Address 301 PROMENADE STREET			Street Address 358 LOWDEN STREET					
PROVIDENCE	State RI	Zip 02908	City		State RI	Zip		
	IXI	1		UCKET		02860		
9. Shares Authorized 10. Shares Issu This information is currently of record in the NUMBER OF			ed Check the box to indicate an attachment SHARES CLASS/SERIES PAR VALUE					
Department of State.		1228		COMMON		\$100		
Changes require an additional filing.								
				<u> </u>				
 This report must be executed or rustee, this report must be executed 	n behalf of the co ed on behalf of the	poration by an au comoration by th	ithorized repre ne receiver or t	sentative. If the corp	oration is in the h	ands of a receiver or		
Under penalty of perjury, I declar	re and affirm tha	t I have examine	d this report, I		mpanying sched	dules and		
tatements, and that all statements contained herein are true and correct. Iame of Authorized Representative Date								
HARRISON 17 HONTOOK				Date				
						- T- 7011		
Signature of Authorized Representative Aurum Affra SIGN DOCUMENT HERE								
Harry.	Adm	eeron oor	2793 ta., 1 F T 1 H	41 EF				
			[] ₂₂	911 FW				

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 03 2017 A.A

FORM 630 - Revised: 10/2016

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

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