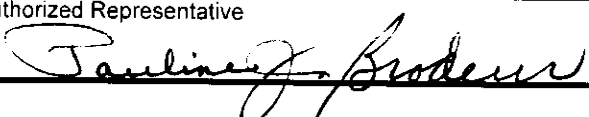




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 31388		2. Exact name of the Corporation MILBRO GAGE CORP			
3. Principal Office Address 58 NS INDUSTRIAL DRIVE			City SLATERSVILLE	State RI	Zip 02876-0896
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island DESIGN AND MANUFACTURE PRECISION GAGES/GAUGES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAULINE J BRODEUR			Vice-President Name PAULINE J BRODEUR		
Street Address 384 WEST WRENTHAM RD			Street Address 384 WEST WRENTHAM RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name PAULINE J BRODEUR			Treasurer Name PAULINE J BRODEUR		
Street Address 384 WEST WRENTHAM RD			Street Address 384 WEST WRENTHAM RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAULINE J BRODEUR			Director Name NONE		
Street Address 384 WEST WRENTHAM RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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		
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. <i>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.</i>					
Name of Authorized Representative PAULINE J BRODEUR, PRESIDENT					Date 02/28/2017
Signature of Authorized Representative 					

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 06 2017

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