State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000133792

2. Exact Name of the Limited Liability Company Concordia Manufacturing, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 31-33

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MANUFACTURING, CONVERTING, THROWING, AND DISTRIBUTING NATURAL AND SYNTHETIC YARNS USED IN THE MANUFACTURE OF WOVEN, NON-WOVEN, KNIT, AND
OTHER FABRIC STRUCTURES.

5. Principal Office Address

No. and Street: 4 LAUREL AVENUE
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 4 LAUREL AVENUE
City or Town: COVENTRY State: RI Zip: 02816 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	DAVID STAPLES	4 LAUREL AVENUE COVENTRY, RI 02816 USA
MANAGER	RANDAL W SPENCER	4 LAUREL AVENUE COVENTRY, RI 02816- USA
MANAGER	STEPHEN HOBSON	4 LAUREL AVENUE COVENTRY, RI 02816 USA
MANAGER	GARRETT SHARPLESS	4 LAUREL AVENUE COVENTRY, RI 02816 USA
MANAGER	DAVID BOGHOSSIAN	4 LAUREL AVENUE COVENTRY, RI 02816 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES O. REAVIS, ESQ. 245 WATERMAN STREET, SUITE 109 PROVIDENCE , RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of May, 2017 at 11:39:14 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RANDAL W. SPENCER
Signature of Authorized Person

Form No. 632
Revised 09/07