



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 37418		2. Exact name of the Corporation North East Knitting, Inc.			
3. Principal Office Address 179 Conant St.			City Pawtucket	State RI	Zip 02860
4. NAICS Code 313210		6. Brief description of the character of business conducted in Rhode Island Manufacturer of knitted and woven elastic			
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 Rosalie DaRosa			Vice-President Name Alex DaRosa		
Street Address 185 Dora St.			Street Address 6 Carol Ann Drive		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
Secretary Name Eric DaRosa			Treasurer Name Michael DaRosa		
Street Address 12 Irving Street			Street Address 20 Brook Farm Road		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rosalie DaRosa			Director Name Robert Erdon		
Street Address 185 Dora St.			Street Address 15 Country Club Drive		
City Pawtucket	State RI	Zip 02860	City West Simsbury	State CT	Zip 06092
Director Name			Director Name		
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	
		305	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 Alex DaRosa					Date 8-17-17
Signature of Authorized Representative <i>[Handwritten Signature]</i>					FILED AUG 21 2017

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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