RI SOS Filing Number: 201751290120 Date: 10/10/2017 3:25:00 PM

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

Annual Report for the year: 2017 Amended
Corporation

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→ 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	2. Exact name of the Corporation			
2775	PALMER INDUSTRIES, INC			
3. Principal Office Address		City	State	Zip
862 R CHARLES ST, STE A		NORTH PROVIDENCE	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
42 - WHOLESALE TRADE	WHOLESALE, MANUFACTURING AND BRASS REFINISHING			
5. State of Incorporation				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ANTHONY J BAGLINI			ANNE T BAGLINI		
Street Address			Street Address		
862 R CHARLES ST, STE A			862 R CHARLES ST, STE A		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904	NORTH PROVIDENCE	RI	02904
Secretary Name			**Treasurer Name**		
ANTHONY J BAGLINI			ANNE T BAGLINI		
Street Address			Street Address		
862 R CHARLES ST, STE A			862 R CHARLES ST, STE A		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904	NORTH PROVIDENCE	RI	02904

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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	Date
ANNE T BAGLINI, VICE PRESIDENT	OCTOBER 10, 2017

Signature of Authorized Representative: Anne T Baglini **FILED**

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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FORM 630 - Revised: 08/2017

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State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 10, 2017 03:25 PM

Nellie M. Gorbea
Secretary of State