



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

Annual Report for the year: 2017 Amended
 Corporation

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 OCT 10 PM 3:25

1. Entity ID Number 2775		2. Exact name of the Corporation PALMER INDUSTRIES, INC			
3. Principal Office Address 862 R CHARLES ST, STE A			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 42 - WHOLESALE TRADE		6. Brief description of the character of business conducted in Rhode Island WHOLESALE, MANUFACTURING AND BRASS REFINISHING			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY J BAGLINI			Vice-President Name ANNE T BAGLINI		
Street Address 862 R CHARLES ST, STE A			Street Address 862 R CHARLES ST, STE A		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name ANTHONY J BAGLINI			Treasurer Name ANNE T BAGLINI		
Street Address 862 R CHARLES ST, STE A			Street Address 862 R CHARLES ST, STE A		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		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 ANNE T BAGLINI, VICE PRESIDENT					Date OCTOBER 10, 2017
Signature of Authorized Representative <i>Annet Baglini</i>					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

OCT 10 2017

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