



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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 122559		2. Exact name of the Corporation HUTCHINSON AEROSPACE & INDUSTRY, INC.	
3. Principal Office Address 82 SOUTH STREET		City HOPKINTON	State MA
		Zip 01748	
4. NAICS Code 326291	6. Brief description of the character of business conducted in Rhode Island HUTCHINSON AEROSPACE & INDUSTRY, INC. DESIGNS, DEVELOPS, MANUFACTURES, AND SELLS SHOCK AND VIBRATION ISOLATION ENGINEERED PRODUCTS.		
5. State of Incorporation de			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PHILIPPE OLIVIER		Vice-President Name	
Street Address 82 SOUTH STREET		Street Address	
City HOPKINTON	State MA	Zip 01748	
Secretary Name KELI CRANDALL VIERECK		Treasurer Name SHANO CRISTILLI	
Street Address 1201 LOUISIANA STREET		Street Address 4510 VANOWEN STREET	
City HOUSTON	State TX	Zip 77002	City BURBANK
			State CA
			Zip 91505
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name PHILIPPE OLIVIER		Director Name ROBERT ANDERSON	
Street Address 82 SOUTH STREET		Street Address 82 SOUTH STREET	
City HOPKINTON	State MA	Zip 01748	City HOPKINTON
			State MA
			Zip 01748
Director Name JULIE HOLLAND		Director Name	
Street Address 4510 VANOWEN STREET		Street Address	
City BURBANK	State CA	Zip 91505	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	
		1000	COMMON
			.01
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 ROBERT ANDERSON		Date JANUARY 9, 2018	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FEB 09 2018

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