



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	City	State	Zip
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	

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: 10/2017