



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

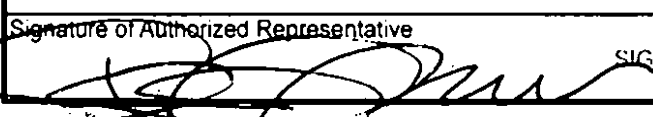
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

FEB 26 2018

BY

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|   |                    |   |                     |                    |                          |
|---|--------------------|---|---------------------|--------------------|--------------------------|
| 1. Entity ID Number<br><b>000003058</b>   |                    | 2. Exact name of the Corporation<br><b>F.H. Buffinton Company</b>   |                     |                    |                          |
| 3. Principal Office Address<br><b>675 Lonsdale Ave</b>  |                    | City<br><b>Central Falls</b>  |                     | State<br><b>RI</b> | Zip<br><b>02863</b>      |
| 4. NAICS Code<br><b>322212</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Manufacture of Rigid Set-Up Boxes</b> |                     |                    |                          |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |   |                     |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |                     |                    |                          |
| President Name<br><b>Thomas J Cavanagh</b>  |                    |   | Vice-President Name |                    |                          |
| Street Address<br><b>1 Palmer Meadow</b>  |                    |   | Street Address      |                    |                          |
| City<br><b>Rehoboth</b>   | State<br><b>MA</b> | Zip<br><b>02769</b>   | City                | State              | Zip                      |
| Secretary Name  |                    |   | Treasurer Name      |                    |                          |
| Street Address  |                    |   | Street Address      |                    |                          |
| City  | State              | Zip   | City                | State              | Zip                      |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                     |                    |                          |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |                     |                    |                          |
| This information is currently of record in the Department of State.   |                    |   |                     |                    |                          |
| Changes require an additional filing.   |                    |   |                     |                    |                          |
| 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |                     |                    |                          |
| NUMBER OF SHARES  |                    | CLASS/SERIES  |                     | PAR VALUE          |                          |
|   |                    |   |                     |                    |                          |
|   |                    |   |                     |                    |                          |
| 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. |                    |   |                     |                    |                          |
| <b>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.</b>                                       |                    |   |                     |                    |                          |
| Name of Authorized Representative<br><b>Thomas J Cavanagh</b>   |                    |   |                     |                    | Date<br><b>2/25/2018</b> |
| Signature of Authorized Representative<br>  |                    |   |                     |                    |                          |
| SIGN DOCUMENT HERE  |                    |   |                     |                    |                          |

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 10/2017