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

STAMP

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	2. Exact name of the Corporation		
000012253	Truex, Incorporated		
3. Principal Office Address	City	State	Zip
300 Armistice Boulevard	Pawtucket	RI	02861
4. NAICS Code: 236210	6. Brief description of the character of business conducted in Rhode Island: Manufacturer of hose fittings.		
5. State of Incorporation: Rhode Island			

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

President Name: Jonathan D. Fain			Vice-President Name:		
Street Address: 505 Central Avenue			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	Zip:
Secretary Name: Michael A. Roberts			Treasurer Name: Edward T. Massoud		
Street Address: 505 Central Avenue			Street Address: 505 Central Avenue		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861

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

Director Name: Jonathan D. Fain			Director Name: Michael A. Roberts		
Street Address: 505 Central Avenue			Street Address: 505 Central Avenue		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
4,000	CNP	0.00

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
Jonathan D. Fain, President	February 28, 2018

Signature of Authorized Representative: Jonathan D. Fain (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

FILED
MAR 02 2018
BY 144532

FORM 630 - Revised: 10/2017

State of Rhode Island and Providence Plantations
Department of State – Business Services Division
Annual Report for the year: 2018

1. Entity Id Number
000012253

2. Exact name of the Corporation
Truex, Incorporated

7. List all Officers – Attachment

Assistant Secretary Name	Street Address	City	State	Zip Code
Jonathan D. Fain	505 Central Avenue	Pawtucket	RI	02861

Assistant Secretary Name	Street Address	City	State	Zip Code
Drew P. Kaplan	One Park Row, Suite 300	Providence	RI	02903