

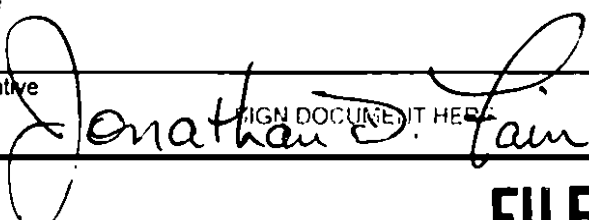


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 000012253		2. Exact name of the Corporation Truex, Incorporated			
3. Principal Office Address 300 Armistice Boulevard		City Pawtucket		State RI	Zip 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 4,000	CLASS/SERIES CNP	PAR VALUE 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 Jonathan D. Fain, President					Date February 28, 2018
Signature of Authorized Representative 					

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

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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	2. Exact name of the Corporation
000012253	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