



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 119822		2. Exact name of the Corporation Symmetry International Inc.												
3. Principal Office Address 1119 Douglas Avenue			City North Providence	State RI	Zip 02904									
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Foam products fabrication												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Steven A. Lancia			Vice-President Name Steven A. Lancia											
Street Address 1119 Douglas Avenue			Street Address 1119 Douglas Avenue											
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904									
Secretary Name Steven A. Lancia			Treasurer Name Steven A. Lancia											
Street Address 1119 Douglas Avenue			Street Address 1119 Douglas Avenue											
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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100	Common	No Par												
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. <i>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.</i>														
Name of Authorized Representative Steven A. Lancia				Date 2/28/19										
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

FILED

FEB 05 2019

BY **3054 DS**

FORM 630 - Revised: 10/2017