



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

FILED

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MAR 20 2019

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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.

BY 8090

1. Entity ID Number <u>1964</u>		2. Exact name of the Corporation <u>Gowdey Reed Co.</u>			
3. Principal Office Address <u>325 Illinois Street</u>		City <u>Central Falls</u>		State <u>RI</u>	Zip <u>02863</u>
4. NAICS Code <u>314999</u>		6. Brief description of the character of business conducted in Rhode Island <u>manufacturing of Loom Reeds</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>James H. Wilson</u>			Vice-President Name <u>None</u>		
Street Address <u>85 Putnam Pike</u>			Street Address		
City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>	City	State	Zip
Secretary Name <u>None</u>			Treasurer Name <u>James H. Wilson</u>		
Street Address			Street Address <u>85 Putnam Pike</u>		
City	State	Zip	City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>James H. Wilson</u>			Director Name <u>None</u>		
Street Address <u>85 Putnam Pike</u>			Street Address		
City <u>Harmony</u>	State <u>RI</u>	Zip <u>02829</u>	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100</u>	<u>(Common)CWP</u>	<u>\$100.00</u>
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 <u>JAMES H. WILSON</u>				Date <u>3/17/2019</u>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>				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