



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.

FILED

APR 01 2019 **STAMPED**

BY 1149 DS

1. Entity ID Number 000087246		2. Exact name of the Corporation Frank B. Struzik, Inc.			
3. Principal Office Address 129 Ballou Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 314994		6. Brief description of the character of business conducted in Rhode Island Manufacture of textile braided products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Peter L. Chatellier			Vice-President Name		
Street Address PO Box 8937, 200 Midway Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Peter L. Chatellier			Treasurer Name Peter L. Chatellier		
Street Address PO Box 8937, 200 Midway Road			Street Address PO Box 8937, 200 Midway Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Peter L. Chatellier			Director Name		
Street Address PO Box 8937, 200 Midway Road			Street Address		
City Cranston	State RI	Zip 02902	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		none			
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 Peter L. Chatellier				Date 3/28/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	