

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 54959 Kenyon Industries, Inc. 3. Street Address Principal Business Office City State Zio c/o Brookwood Companies, 232 MADISON AVENUE NEW YORK NY 10016-4. Business Phone No. 5. State of Incorporation 6. SIC Code 2125510100 **DELAWARE** 653 7. Brief Description of the Character of Business Conducted in Rhode Island PABRIC FINISHER 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joanne Bagley . Thomas Gilbert Street Address Street Address 232 Madison Ave, 10th Floor - 232 Madison Avenue, 10th Floor City State Zip City State Zip New York ΝY 10016 New York NY 10016 Secretary Name Treasurer Name Roger M. Barzun Ronald E. Kaplan Street Address Street Address 232 Madison Avenue, 10th Floor 232 Madison Avenue, 10th Floor City State Zip City State Zio New York NY 10016 . New York NY 10016 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Amber Brookman David R.A. Steadman Street Address Street Address 232 Madison Avenue, 10th Floor 232 Madison Avenue, 10th Floor City State ·City Zip State Zip New York NY 10016 New York NY 10016 Director Name Director Name Joanne Bagley Thomas Gilbert Street Address Street Address 232 Madison Avenue, 10th Floor 232 Madison Avenue. 10th Floor

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

City

New York

ISSUED SHARES

300*0*

Number of Shares

10016

Par Value

•	5	4	9	5	9

3,000 COMM \$.01 PAR VALUE

City

New York

AUTHORIZED SHARES

Number of Shares:

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File Date 1 2005	08 131 30
Check No. W 01	
By:	
FOR SECRETARY OF STATE USE ONLY	

70614

State

NY

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all gratements contained herein are true and correct.

18 X by 150 5/12/0

State

NY

Class/Series

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Signature of Officer Date

Ronald E. Kaplan
Print or Type Name of Officer

Chief Financial Officer

Form 630 12/01

10016

Par Value

, 01



Matthew A. Brawn, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corporation			·	****
54959	Kenyon Industrie	es, Inc.			
3. Street Address Principal Busine	ss Office	···	City	State	Zip
c/o Brookwood Comp	anies, 232 MAI	DISON AVENUE	NEW YORK	NY	10016-
4. Business Phone No.		5. State of Incorporation		<u></u>	6. SIC Code
2125510100		DELAWARE			653
7. Brief Description of the Character FABRIC FINISHER					
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Joanne Bagley			Vice President Name		
Street Address			* Thomas Gilbert * Street Address		
232 Madison Ave, 1	Orb Eleer		•	10ch - 51	
City		2	.232 Madison Avenue	<u> </u>	Y=
New York	State NY	Zip	City	State	Zip
Secretary Name		10016	New York	NY	110016
Roger M. Barzun			,Ronald E. Kaplan		
Street Address			* Street Address		
232 Madison Avenue	, 10th Floor		.232 Madison Avenue,	10th Floor	٠
City	State	Zip	*City	State	Zip
New York	NY	10016	. New York	NY	10016
	<u></u>			1	
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENTO THE IN SPACE	S REFORE USING ATTA	CUMENTS
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
9. NAMES AND ADDRESS Director Name Amber Brookman	ES OF THE DIRECT	ORS ("X" BOX FOR AT			CHMENTS
Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	Director Name		CHMENTS
Amber Brookman		ORS ("X" BOX FOR AT	Director Name David R.A. Steadman	n	CHMENTS
Amber Brookman Street Address 232 Madison Avenue. City		ORS ("X" BOX FOR AT	.Director Name David R.A. Steadman Street Address	n	CHMENTS
Amber Brookman Street Address 232 Madison Avenue, City New York	, 10th Floor		Director Name David R.A. Steadman Street Address 232 Madison Avenue	n , 10th Floor	
Director Name Amber Brookman Street Address 232 Madison Avenue City New York Director Name	, 10th Floor	Zip	Director Name David R.A. Steadman Street Address 232 Madison Avenue City	, 10th Floor	Zip
Amber Brookman Street Address 232 Madison Avenue, City New York	, 10th Floor	Zip	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York	, 10th Floor	Zip
Director Name Amber Brookman Smeet Address 232 Madison Avenue City New York Director Name Joanne Bagley Smeet Address	State	Zip	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address	, 10th Floor State NY	Zip
Amber Brookman Street Address 232 Madison Avenue, City New York Director Name Joanne Bagley Street Address 232 Madison Avenue	, 10th Floor State NY , 10th Floor	Žip 10016	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address 232 Madison Avenue,	, 10th Floor State NY	Zip
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Director Name Amber Brookman Street Address 232 Madison Avenue City New York Director Name Joanne Bagley Street Address 232 Madison Avenue City New York	, 10th Floor State NY	Zip 10016 Zip 10016	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address 232 Madison Avenue,	10th Floor State NY 10th Floor	Zip 10016
Director Name Amber Brookman Street Address 232 Madison Avenue City New York Director Name Joanne Bagley Street Address 232 Madison Avenue City New York 10. SHARES AUTHORIZE	, 10th Floor State NY	Zip 10016 Zip 10016	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address 232 Madison Avenue, City City	10th Floor State NY 10th Floor State NY	Zip 10016 2ip
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Director Name Amber Brookman Street Address 232 Madison Avenue City New York Director Name Joanne Bagley Street Address 232 Madison Avenue City New York 10. SHARES AUTHORIZE	, 10th Floor State NY	Zip 10016 Zip 10016	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address 232 Madison Avenue, City New York 11. SHARES ISSUED ("X" BOX	10th Floor State NY 10th Floor State NY	Zip 10016 2ip
Amber Brookman Street Address 232 Madison Avenue City New York Director Name Joanne Bagley Street Address 232 Madison Avenue City New York 10. SHARES AUTHORIZEI AUTHORIZED SHARES	, 10th Floor State NY	Zip 10016 Zip 10016 CHMENT)	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address 232 Madison Avenue, City New York 11. SHARES ISSUED ("X" BOX ISSUED SHARES	10th Floor State NY 10th Floor State NY State NY FOR ATTACHMENT	Zip 10016 Zip 10016
Director Name Amber Brookman Street Address 232 Madison Avenue City New York Director Name Joanne Bagley Street Address 232 Madison Avenue City New York 10. SHARES AUTHORIZEI AUTHORIZED SHARES Number of Shares	, 10th Floor State NY	Zip 10016 Zip 10016 CHMENT)	Director Name David R.A. Steadman Street Address 232 Madison Avenue City New York Director Name Thomas Gilbert Street Address 232 Madison Avenue, City New York 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares	10th Floor State NY 10th Floor State NY State NY FOR ATTACHMENT	Zip 10016 2ip 10016
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By: By	
FOR SECRETARY OF STATE USE ONLY	
70619	- 4

Under penalty of perjury this eport including an and that all statements of	y, I declare and a y accompanying ontained herein	affirm that I have examined g schedules and statements, are true and correct.
X8XXXX	cFo	5/12/05
Ronald E. Kaj		Date
Print or Type Name of Offi		

Chief Financial Officer

Form 630 12/01

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

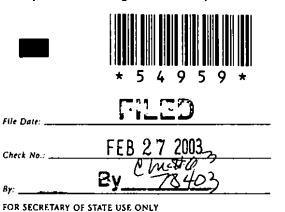
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYTED OR PRII						
1. Corporate ID No.	2. Name of Corporation					
54959	Kenyon Indus	tries, Inc.				
3. Street Address Principal Busine	s Office	11.	City		State	Zip
232 MA.	DISON AUE	10 FL.	NEW	YOKK	N 4	10016
4. Business Phone No.		5. State of Incorporation				6. SIC Code
212-551-0	100	DELAWARE				653
7. Brief Description of the Charac						
		F TEXTILES.				
	-		neres Elli	INCOACECDEE	ORE USING ATT	CUMENTS
8. NAMES AND ADDRE	33E3 OF THE OFFIC	ERS ("X" BOX FOR ATTACH	Vice President		OKE USING ATT	CHMENIS
			THOM			
JOANNE (JALLONIO		•	PAS GILE	EKI	
Street Address	۸.	10th C	Street Address		. 1 -	10th E
	ISON AUE	10. FC.	232	THEBISON	AVE	10. 12.
City	State	10016.	City	V .	State NY	Zip
MEIN YORK	<i>N</i>	10078.	NEW	YORK	NY	100 16.
Secretary Name			Treasurer Name			
ROBER M	BARZUNI		. KONA	ILD. E.	KAPLAN.	
Street Address		4	Street Address			
232 MADI	SON AVE	10 th FL.	232	MADISO.	~ AUE	10# FL.
City	State	Zip	City		State	Zip
NEW YORK	$\mathcal{N}\mathcal{Y}$	10016	NEW	YORK.	\mathcal{N}^{Y}	10018
9. NAMES AND ADDRE	SSES OF THE DIDE	TODS (*Y* ROY SOR ATTA	CHMENT) F	ILL IN SPACES R	EFORE USING AT	TTACHMENTS
Director Name	JJEJ OF THE DIKE	CIORS A BOATORAIIA	Director Name	* *	CI ONE COM O A	2700111121113
	2004 000.				STEADM	1.4.4.2
AMBER B.	COOK MAN		Street Address	D K. 77	וועחשיט	7 A 10
	ISON AUE	10 th G		~^^	V AUE	10# E
232 MAD			City	MINDISON	State	70 72 7
NEW YOLK	State MY	Zip 10016.	- •	Y	<i>~ y</i>	Zip 10016
	70 7	70078.		YORK	/ /	70078
Director Name	n		Director Name	_	_	
JOANNE (TA LLONIO			nas Gil	BERT	
Street Address		. 4 ~	Street Address		4	. *
232 MADIS	ON AVE	10 FL.	ટે રૂટ	MADISO	N AVE	10 th.
City	State	Zip	City		State	Zip
NEW YORK.	NΥ	10016.	NEW	YORK	NY	10016
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARE	ES ISSUED (*x~ &	OX FOR ATTACHME	TN)
AUTHORIZED SHARES			ESSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Sha	ares	Class/Series	Par Value
3,000 COMM \$.01 PAR \	/ALUE		3,000	1		
			5,000	•		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

- S



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and ments contained herein are true and correct. Signalin



(FORM MUST BE TYPED IN BLACK)

1. Street Address Principal Business Office

36 SHERMAN AVE.

L. Corporate ID No.

File Date: _

FOR SECRETARY OF STATE USE ONLY

54959

100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Kenyon Industries, Inc. - To Do BUSINESS IN RIUNDER FICTICIOUS NAME

KENYON

2 Name of Corporation



02836

Business Phone No. 5.	State of Incorporation	•		6. 31C. C.URE
401- 364- 3400	DELAWARE			653
Brief Description of the Character of Business Conducted in Rhode Is	sland			
FABRIC FINISHER				
NAMES AND ADDRESSES OF THE OFFICERS	(*X* BOX FOR ATTACH	MENT) FILL IN SPACES BEFO	ORE USING ATTACHME	ENTS
esident Name		Vice President Name		
JOANNE GOLLONIO		THOMAS GILBE	RI	
treet Address		Street Address		
36 SHERMAN AVE		36 SHERMAN		
ity State Zi	·	City	State	Zip
KENYON RI	02836	KENYON	RI	02836
ecretary Name		Treasurer Name	•	
ROGER M. BALZUN		JOHNNE GALL	DN (O	
treet Address		Street Address		
P.O. BOX 767		36 SHELMAN	AVE	
CONCORD. State MA 2	P 01742	KENYON, RI	State	Zip
(22 227,		KENYON, KI	02076	
. NAMES AND ADDRESSES OF THE DIRECTOR	S ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BI	EFORE USING ATTACH	MENTS
lirector Name		Director Name		
AMBER M. BROOKMAN	l	JOANNE GOL	LONIO	
treet Address		Street Address	Λ	
232 MADISON AVE		36 SHERMAN		
City State 2	ip.	City	State	Zip
<i>∧ y ∧ y</i>	10016	KENYON	21	02836
Director Name		Director Name		
DAVID R.A. STEADMI	AN	THOMAS GILBI	<u> </u>	
treet Address		Street Address	4	
173 SOUTH RIVER RD		S6 SHERMAN	AVE	7in
City State 2	Zip	City	State	Zip C7 > 1
BEDFORD NH	03110	KENYON		836
O. SHARES AUTHORIZED ("X" BOX FOR ATTACHME	NT)	Hell. SHARES ISSUED 7.2.	OX FOR ATTACHMENT)	
ALITHORIZED SHARES		LISSUED SHARES		
Number of Shares Class/Series E	Par Value	Number of Shares	Class/Series	Par_Volue
3,000 COMM \$.01 PAR VALUE		, , , , , , , , , , , , , , , , , , ,	C = 4 4 . 1	\$01
		3,000	Conmon	F
		i		
This report must be signed in ink by either th	a President Vice	President Secretary Assista	nt Secretary. Treasure	. Receiver or Tru
inis report must be signed in ink by either the	e rresident, vice	i icolactic, occircially, hostora.	··· · · · · · · · · · · · · · · ·	•
± 5 / 0 5 0 ±		Under penalty of perjur	y, I declare and affirm th	at I have examined

this report, including any accompanying schedules and statements, and

that all statements fontained herein are true and correct.

Title of Officer

4€> 5

Filing Period: January 1-March 1 • Filing Fee: \$50.00

Edward S. Inman, III. Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TYPED IN BLACK)					
1. Corporate ID No.	2. Name of Corporation				
54959	Kenyon Industi	ries, Inc.			
3. Street Address Principal Business Offic	ce		City	State	ZIp
36 SHERMAN	AUE.		KENYON	RI	02836
4. Business Phone No.		5. State of Incorporation	• •		6. SIC Code
7. Brief Description of the Character of F	lusiness Conducted in Ri	DELAWARE hode Island	_		653
FABRIC FINIS	HER				
8. NAMES AND ADDRESSES President Name	OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACH	MENTS
Street Address	ONIO		THOMAS GIL	BERT	
36 SHERMAN	AVE		36 SHERM	AN AVE	
City	State	Zip	City	State	Zip
KENYON :	. R.I	02836	KENYON	RI	02836
Secretary Name	2		Treasurer Name		
KOGEL M. B	Parzun	 ·	JOHNNE GA	MONLO	
60 HUBBAR	D ST		36 SHERMA	~ Aug	
City	State LA	Zip	KENYON	State RI	02836
CONCOLD	OF THE SIRE	01/10	KENYON		
9. NAMES AND ADDRESSES Director Name	OF THE DIREC	IORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTAC	HWENIS
AMBER M. E	BROOKMA	Lad	JOHNNE G	OL LONI O	
Street Address			Street Address		
232 MADISON) AVE		36 SHERM	AN AVE	
City		Zip	City	State	Zip
Director Name	Μ Χ	.11.00.1.6	Director Name		02836
DAVID R. A.	STEAD	MAN _	THOMAS 6	ILBERT	
-: -:: :::::::::::::::::::::::::::::::	WED OF	•	ZL SUGONA	and short	
City City	LIVER RI	Zip	City SUCKEM	State	Zip
BEDFORD	NH	03110	KENYON	RI	02836
10. SHARES AUTHORIZED		IMENT)	11. SHARES ISSUED ('X" BOX FOR ATTACHMENT)	•
AUTHORIZED SHARES	•		ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM \$.01 PAR VALU	Ε		,		\$01
		• •	3,000	CONMON	P.01
		-		-	- ·
This report must be signed	in ink by either	the President, Vice P	resident, Secretary, Assi	stant Secretary, Treasur	er, Receiver or Truste
] 	IL ESDED IDEAL DUSD SOIS ID	11			



Check No.: .

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all sta	tements contained herein	are true and correct.	
	re xll	2/7/02	
Signatur of C	Officer XIII	Date	
	VANNE CALL	DNO	
Print or Type	Name of Officer		

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

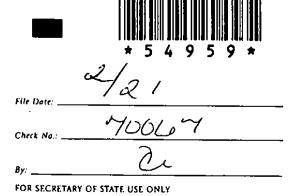
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM	MUST	RE TYP.	ED IN BLA	CEL
LE CARTON	ונטות	DE 1717	CIV 1 N D L.A	

1. Corporate ID No.

54959	Kenyon I	ndustries, Inc.	•		
3. Street Address Principal Busi	iness Office		City	State	Zip
36 SHERMAN A 4. Business Phone No. (401) 364-34		5. State of Incorporate DELAWARE	KENYON	RI	02836 6. sic.cod 653
7. Brief Description of the Char FABRIC FINIS		in Rhode Island			
8. NAMES AND ADDI President Name	RESSES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	CHMENTS
JOANNE GALLO	ONIO:		THOMAS GILBE	CRT	
Street Address			Street Address		
36 SHERMAN A			36 SHERMAN A	VENUE	
City	State 	ZIp	City	State	Zip
KENYON	RI	02836	KENYON	RI	02836
Secretary Name			Treasurer Name		
DUANE O. SCH	MIDT		DUANE O. SCH	MIDT	
Street Address			Street Address		
36 SHERMAN A			36 SHERMAN A	VENUE	
City	State	Zip	City	State	Zip
KENYON	RI '	02836	KENYON	RI	02836
9. NAMES AND ADDI Director Name		ECTORS (*X* BOX FOR .	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
AMBER M. BRO	OKMAN		DUANE O. SCH	MIDT	
Street Address			Street Address	•	. 4-
232 MADISON	AVENUE		36 SHERMAN A	VENUE	
City	State	Zip	* Čity	State	Zip.
NEW YORK	NY	10016	KENYON	RI	02836
Director Name		•	Director Name		•
DAVID R.A. S	TEADMAN		JOANNE GALLO	NIO	
Street Address			Street Address	•	
173 SOUTH RI			36 SHERMAN A	VENUE	
City	State	Zip	City	State	Zip
BEDFORD	NH	03110	KENYON	RI	02836
10. SHARES AUTHORI AUTHORIZED SHARES	IZED (*x* box for att	ACHMENT)	11. SHARES ISSUED SSUED SHARES	("X" BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000	COMMON	\$.01	3,000	COMMON	\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

DUANE O. SCHMIDT

Print or Type Name of Officer

SECRETARY & TREASURER

(FORM MUST BE TYPED IN BLACK)

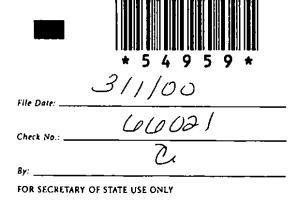
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

STOP PIE MARIND INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

. Corporate ID No.	2. Name of C	orporation			
54959	Kenyon	Industries,	Inc. ***TO DO BUSINESS	IN RIUNDER FICTI	TIOUS NAME
3. Street Address Principal Business O	ffice		City	State	Zip
36 SHERMAN AVENU	Ê		KENYON	RI	0283€
I. Business Phone No.		5. State of	Incorporation		6. SIC Code
(401) 364-3400		DELAN	IARE		653
7. Brief Description of the Character o	f Business Condi	ucted in Rhode Island			
FABRIC FINISHER					
3. NAMES AND ADDRESS President Name	ES OF THE	OFFICERS (*X* BO	X FOR ATTACHMENT) FILL IN SPA Vice President Name	CES BEFORE USING ATTA	CHMENTS
JOANNE GALLONIO			THOMAS GILE Street Address	BERT	
36 SHERMAN AVENU	ε		36 SHERMAN	AVENUE	
City .	State	Zip	City	State	Zip
KENYON	RI	028	336 KENYON	RI	02836
ecretary Name	• •	•	Treasurer Name		02000
DUANE O. SCHMIDT			DUANE O. SO	HMIDT	
treet Address			Street Address		
36 SHERMAN AVENU	Ε		36 SHERMAN	AVENUE	•
City	State	Zip	City	State	ZIp
KENYON	RI	028	36 KENYON	RI	02836
9. NAMES AND ADDRESS	ES OF THE	DIRECTORS (*x*)	BOX FOR ATTACHMENT) X FILL IN SI Director Name	PACES BEFORE USING ATT	ACHMENTS
AMBER M. BROOKMAN	1		DUANE O. SC Street Address	HMIDT	
232 MADISON AVENU	JE		36 SHERMAN	AVENUE	
City	State	Zip	City	State	ZIp
NEW YORK	NY	100	16 KENYON	RI	02836
Director Name	•		Director Name		
DAVID R.A. STEAD	IAN		JOANNE GALL	ONIO	
treet Address			Street Address		
173 SOUTH RIVER F	ROAD		36 SHERMAN	AVENUE	
City	State	Zip	City	State	Zip
BEDFORD	ИН	031	10 KENYON	RI	02836
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FO	R ATTACHMENT)	11. SHARES ISSUI ISSUED SHARES	ED ("X" BOX FOR ATTACHMEN	Τ)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000	COMMON	\$.01	3,000	COMMON	s 01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Date

DUANE O. SCHMIDT

Print or Type Name of Officer

SECRETARY & TREASURER

9.

THOMAS GILBERT 36 SHERMAN AVENUE KENYON, RI 02836



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	ĸ				
1. Corporate ID No. 54959	2. Name of Corpora Kenyon Ind		USINESS IN RIUN	DER FICTITIOUS NAME	ONLY OF
3. Street Address Principal Business O	Mice	• ··· •	[†] City =	State	TZip
36 SHERMAN AVENUE 4. Business Phone No.	}	5. State of Incorporation	KENYON	:RI	02836
401-364-7761 7. Brief Description of the Character of	f Business Conducted	DELAWARE In Rhode Island			653
FABRIC FINISHER	•				
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPAC	ES BEFORE USING ATTAC	HMENTS
JOANNE GALLONIO			NONE		
Street Address	•		Street Address	- 	
36 SHERMAN AVENUE			•		
City	State	Zip	City	State	Zip
KENYON	RI	02836	:		r \$
Secretary Name		***************************************	Treasurer Name	*****************************	······································
DUANE O. SCHMIDT	_		DUANE O. SCH	MIDT	
Street Address			Street Address		,
36 SHERMAN AVENUE			36 SHERMAN A	VENUE	
City	State	Zip	City	State	Zip
KENYON	RI	02836	KENYON	RI	02836
9. NAMES AND ADDRESS	es of the dir	ECTORS (BOX FOR ATTA		ACES BEFORE USING ATTA	CHMENTS
Director Name			- Director Name		
AMBER M. BROOKMAN			DUANE O. SCH	MIDT	
Street Address	n		Street Address		
232 MADISON AVENU			36 SHERMAN A	·	
·	State	Zip	City	State	Zip
NEW YORK Director Name	NY	10016	· KENYON : Director Name	RI	02836
DAVID R.A. STEADM	λN		:	NYO.	
Street Address	WIA	· -	JOANNE GALLO	N10	
173 SOUTH RIVER R	OAD		36 SHERMAN A	VENUE	
City	' State	Zip	City	State	Zip —
BEDFORD	ΝН	03110	KENYON	RI	02836
10. SHARES AUTHORIZED		a many of the state of the second	·	D ('X' BOX FOR ATTACHMENT	
AUTHORIZED SHARES		······································	ISSUED SHARES		<u> </u>
Number of Shares	Class/Series -	Par Value	Number of Shares	Class/Series	Par Value
3,000	COMMON	\$.01	3,000	COMMON	\$.01
				•	T
This report must be signe	d in ink by sit	her the President Vice P	resident Secretary	Assistant Secretary Treaser	rest Pecaives or Trustee

	* 5 4 9 5 9 *	
File Date:	May 1,99	
Check No.:	01304	
Ву:	OR	
FOR SECRETARY	OF STATE USE ONLY	

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. FEBRUARY 25, 1999 Wugne Signature of Officer Date

DUANE O. SCHMIDT Print or Type Name of Officer

SECRETARY & TREASURER



James R: Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

3. Street Address Principal Bus	iness Office		City	State	Zip
36 SHERMAN A	VENUE		KENYON	RI	02836
Business Phone No.	i i ger	5. State of Incorporation	_ 		6. SIC Code
401-364-7761		DELAWARE			0653
Brief Description of the Cha	racter of Business Conducted	n Rhode Island	·		
FABRIC FINIS	HER				
NAMES AND ADD	RESSES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT)		
resident Name	•		Vice President Name		
JOANNE GALLO	NIO		NONE		
treet Address	_		Street Address		
_36_SHERMAN_A	VENUE				
City	State	Zip	City	State	Zip
KENYON	RI	02836	: :	1	!
ecretary Name			Treasurer Name		******************
DUANE O. SCH	MIDT		DUANE_O. SCH	HMIDT	
treet Address			Street Address	·····	
36 SHERMAN A	VENUE		36 SHERMAN A	AVENUE	
lity	State	Zip	City	State	ZIp
KENYON	RI	i 02836	KENYON	RI	02836
NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR A		***	02030
Irector Name		•	Director Name		
	_		DUANE O. SCH	MIDT	
AMBER M. BRO	OKMAN			···	
 	OKMAN	•	Street Address	•	
 			Street Address 36 SHERMAN A		•
treet Address 232 MADISON		- Zip	Street Address 36 SHERMAN A		Zip
treet Address 232 MADISON	AVENUE	Zip 10016	Street Address	VENUE	• [
treet Address 232 MADISON City NEW YORK	AVENUE	•	Street Address 36 SHERMAN A	VENUE	2ip 02836
treet Address 232 MADISON ity NEW YORK Director Name DAVID R.A. S	AVENUE State NY	•	Street Address 36 SHERMAN A City KENYON	State RI	02836
treet Address 232 MADISON ity NEW YORK itector Name DAVID R.A. Si treet Address	AVENUE State NY TEADMAN	•	Street Address 36 SHERMAN A City KENYON Director Name	State RI	• [
treet Address 232 MADISON ity NEW YORK Director Name DAVID R.A. S	AVENUE State NY TEADMAN VER ROAD	•	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address	VENUE State RI ONIO	02836
treet Address 232 MADISON ity NEW YORK Director Name DAVID R.A. Street Address 173 SOUTH RI	AVENUE State NY TEADMAN	•	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO	VENUE State RI ONIO	02836
treet Address 232 MADISON Sity NEW YORK Director Name DAVID R.A. Sitreet Address 173 SOUTH RIVITY BEDFORD	AVENUE State NY TEADMAN VER ROAD State NH	21p 03110	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City	State State RI ONIO State	02836
treet Address 232 MADISON Sity NEW YORK Director Name DAVID R.A. Sitreet Address 173 SOUTH RIVITY BEDFORD	AVENUE State NY TEADMAN VER ROAD State NH	21p 03110	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City KENYON	VENUE State RI ONIO VENUE State RI	02836 Zip 02836
Treet Address 232 MADISON Tity NEW YORK Director Name DAVID R.A. Street Address 173 SOUTH RIVITY BEDFORD 0. SHARES AUTHOR	AVENUE State NY TEADMAN VER ROAD State NH	21p 03110	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City KENYON	State State RI ONIO State	02836 Zip 02836
DAVID R.A. Sitreet Address 232 MADISON NEW YORK Director Name DAVID R.A. Sitreet Address 173 SOUTH RIVITY BEDFORD 10. SHARES AUTHOR AUTHORIZED SHARES	AVENUE State NY TEADMAN VER ROAD State NH	21p 03110	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City KENYON 11. SHARES ISSUED	VENUE State RI ONIO VENUE State RI	02836 Zip 02836
DAVID R.A. Sincet Address 232 MADISON OFFICE OF NAME DAVID R.A. Sincet Address 173 SOUTH RIVITY BEDFORD 10. SHARES AUTHOR NUTHORIZED SHARES Number of Shares	AVENUE State NY TEADMAN VER ROAD State NH	Zip 03110 ACHMENT) C.	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City KENYON 11. SHARES ISSUED ISSUED SHARES	State State RI ONIO EVENUE State RI ("X" BOX FOR ATTACHMEN	02836 Zip 02836 T) C
232 MADISON ity NEW YORK Director Name DAVID R.A. Street Address 173 SOUTH RIVITY BEDFORD 0. SHARES AUTHOR UTHORIZED SHARES	AVENUE State NY TEADMAN VER ROAD State NH	Zip 03110 ACHMENT) C.	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City KENYON 11. SHARES ISSUED ESSUED SHARES Number of Shares	State RI ONIO State RI C'X° BOX FOR ATTACHMEN Class/Series	02836 Zip 02836 T) Par Value
treet Address 232 MADISON Tity NEW YORK Director Name DAVID R.A. Street Address 173 SOUTH RIVITY BEDFORD 10. SHARES AUTHOR JUTHORIZED SHARES Jumber of Shares	State NY TEADMAN VER ROAD State NH IZED ("X" BOX FOR ATT	Zip 03110 ACHMENT) C. Par Value	Street Address 36 SHERMAN A City KENYON Director Name JOANNE GALLO Street Address 36 SHERMAN A City KENYON 11. SHARES ISSUED ISSUED SHARES	State State RI ONIO EVENUE State RI ("X" BOX FOR ATTACHMEN	02836 Zip 02836 T) C

	* 5 4 9 5 9 *	Under penalty of perjury, I declare and al
	, a o.b	this report, including any accompanying
	2/1/1/8	that all statements contained herein are t
File Date:	0 10	
	$C(M) \rightarrow A \rightarrow $	Weane & Albured FE
Check No.:		Signature of Officer
		DUANE O. SCHMIDT
Ву:		Print or Type Name of Officer
	RY OF STATE USE ONLY	SECRETARY & TREASURER
	··· ··	Title of Officer

ffirm that I have examined schedules and statements, and true and correct.

Duane O Khmitt	- FEBRUARY 4, 1998	
Signature of Officer	Date	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

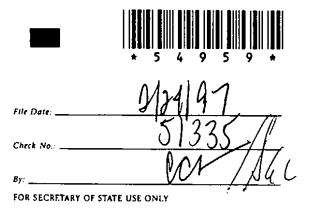
(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No. **54959**

36 Sherman Ave					Zip
	nue		Kenyon	RI	02836
4. Business Phone No.		S. State of Incorporation			6. SIC Code
401-364-7761		DELAWARE			0653
7. Brief Description of the Character	r of Business Conducted in .	Rhode Island			
Fabric Finisher	r				
8. NAMES AND ADDRES	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	IMENT)	·	
President Name			Vice President Name		
Thomas Murphy			Joanne Gallo	onio	
Street Address			Street Address		
36 Sherman Ave	nue		36 Sherman A	Avenue	
City	State	Zip	City	State	Zip
Kenyon Secretary Name	RI	02836	Kenyon Theosurer Name	RI	02836
Duane O. Schmid	dt		Duane O. Sch	hmidt	
36 Sherman Ave	nue		36 Sherman A	Avenue	
City	State	Zip	City	State	Zip
Kenyon	RI	02836	Kenyon	RI	02836
9. NAMES AND ADDRES				K.I	020,50
Director Name	obo or the bind	TORS A BOX TOR ATTA	Director Name		
Amber M. Brooki	man		Duane O. Scl	hmidt	
Street Address			Street Address		
232 Madison Ave	enue		36 Sherman 1	Avenue	
City	State	Zip	City	State	Zip .
New York	NY	10016	Kenyon	ŔI	02836
Director Name			Director Name		, , , , , , , , , , , , , , , , , ,
David R.A. Ste	adman		Joanne Galle	onio	
Street Address			Street Address		
173 South Rive	r Road		36 Sherman A	Avenue	
City	State	Zip	City	State	Zip
Bedford	ИН	03110	Kenyon	RI	02836
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED AND ISSUED (*x	* BOX FOR ATTACHMENT)	ISSUED SHARES		
Number of Shares	Class/Series	Par Volue		ا مداد	
Transcript annex	Cintol Delies	in annt	Number of Shares	Class/Serles	Par Value
3,000	Common	\$.01	3,000	Common	\$.01

2. Name of Corporation
Kenyon Industries, Inc.***TO DO BUSINESS IN RIUNDER FICTITIOUS NAME ONLY

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Date

Duane O. Schmidt
Print or Type Name of Officer

Secretary & Treasurer



PROFII CORPORATION **ANNUAL REPORT**

1996



Secretary & Treasurer

Title of Officer

DETACH DOTTOM DECODE DETLIBRING

2/28/96

Date

State of Knode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filino Period: January 1-March 1

rung	Period: January	1-warch
Filina	Fee: \$50.00	

Ву:

. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.	<u> </u>	<u></u>
54959	•	Industrias I	na +++mo no nuervi	ee in or	
STREET ADDRESS PRINCIPAL BUSINE	SS OFFICE	i industries, i	nc.***TO DO BUSINI	ESS IN RI	ZIP CODE
95				j	
36 Sherman Ave USMESS PHONE NO.	enue	S. STATE OF INCORPORATION	Kenyon	RI_	02836 6.SiC 000E
·		DELAWAR	R		
401-364-7761	ER OF BUSINESS CONDUCTED IN RHOOE IS				0653
Fabric Finish		SLANU			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
SIDENT NAME		MES AND ADDE	RESSES OF THE O	FFICERS	
Amber M. Brook	kman		1		
EET ADORESS	Aman		J. Luis Suare:	<u>. </u>	
10 East 39th 9	Street		36_Sherman_Ave	enne	
Y	STATE	ZIP CODE	(OTY	STATE	ZIP CODE
New_York	NYNY	10016	Kenyon TREASURER NAME	RI	02836
	• •				
Duane O. Schm: EETADORESS	idt		Duane O. Schm:	idt	
36 Sherman Ave	enue		36 Sherman Ave	en no	
7	STATE	ZP COOE	OTY SHEETINGTI AVE	STATE	ZIP CODE
Кепуол	RI	02836	Kenyon	RI	02836
	9 . N A I	MES AND ADDE	ESSES OF THE D		
ECTOR NAME			DIRECTOR NAME		
Amber M. Brook	kman		Duane O. Schm:	idt	
10 East 39th	Stroot		;		
Y Edst 39th :	STATE	ZIP COOE	36 Sherman Ave	STATE	∑3P COO€
New York	NY	10016	• Kenyon	RI	02836
ECTOR NAME			DIRECTOR NAME		102000
David R.A. Ste	eadman		Joanne Gallon:	io	
			STREET ADDRESS		
173 South Rive	er ROad STATE	ZIP CODE	36 Sherman Ave	STATE	ZIP CODE
Bedford	NH	03110	i	i	i
bearora		TARES AUTHOR	Kenyon	RI_	02836
	AUTHORIZED SHARES		LIVED WAD 122DE	U	
NUMBER OF SHARES	CLASS / SERTES	PAR VALLE	MAMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
3,000	Common	\$.01	3,000	Common	\$.01
			3		
	· 				
			•		
					
	This	s report must be SI	GNED IN INK by either	the	
P	resident, Vice Preside	ent, Secretary, Assis	stant Secretary, Treasure	er, Receiver or Trust	ee
			Under penalty	of perjury, I declare and	affirm that I have examine
			report, includir all statements	ng any accompanying so contained herein are true	hedules and statements, an
0.100	166	· :	<u> </u>	Λ Λ	1 1
File Date: 0109 Check No:	1144		Signature of O		uncel 1
411	AUU	:	Signature of O	meer	
Check No:				. Schmidt	
•	1		Print or Type N	lame of Officer	·

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0054959 1995 Corporate ID: _ . Annual Report for the year: _ Kenyon Industries, Inc.***TO DO BUSINESS IN RI Name of Corporation: _ Business entity organized under the laws of the State of: _Delaware__ Business Entity is (check one): For foreign entity, address and telephone number of principal office: [X] Business Corporation (See RIGL Chapter 7-1.1) 36 Sherman Avenue, Box 147 [] Professional Service Corporation (See RIGL Chapter 7-5.1) Kenyon, RI 02836 Brief statement of the character of business conducted in Rhode Island: Phone: (401) 364-7761 <u> Fabric Finisher</u> Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 36 Sherman Avenue, Box 147 Kenyon, RI 02836 Phone: (401) 364-7761 THE NAMES OF THE OFFICERS ARE: PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE Geraldine M. Kubik 36 Sherman Avenue, Bo STREET ADDRESS Box 147 Kenyon, RI <u>02836</u> VICE PRESIDENT CITY/STATE ZIP CODE J. Luis Suarez 36 Sherman Avenue, Box 147 Kenyon, CITY/STATE 02836 RI ZIP CODE 36 Sherman Avenue, Box 147 STREET ADDRESS Duane O. Schmidt Kenyon, RI 02836 ZIP CODE Duane O. Schmidt 36 Sherman Avenue, Box 147 02836 Kenyon, RI THE NAMES OF THE DIRECTORS ARE: NAME STREET ADDRESS CHY/STATE ZIP CODE Amber M. Brookman 10 East 39th Street New York, NY 10016 STREET ADDRESS CITY/STATE ZIP CODE Geraldine M. 36 Sherman Avenue, Box 147 Kubik Kenyon, RI 02836 STREET ADDRESS ZIP CODE David R.A. Steadman 10 Hopewell Point Road Wolfeboro, NH 03894 NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series 3,000 Common 3,000 Common FFR 1 7 1995 Date __February_10, By: Duane O. Schmidt PRINT OR TYPE SAME DE OFFICER SIGNING SURET

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM 123 DYER STREET PROVIDENCE RI 02903

Form 31 1/95

Filing Fee \$50.00 Payable to. Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401 277-3040

Corporate ID:	Annual Report for the year:1994
Name of Business Entity:	Kenyon Industries, Inc.***TO DO BUSINESS
Business entity organized under the laws of the State of Delawar Federal Taxpaver Identification Number:	Business Entity is (check one) X Business Curporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office.	[] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16)
36 Sherman Avenue, Box 147 Kenyon, RI 02836	Name, title and mailing address of contact person to whom communications may be directed: DuanecOtteSchmidt Treasurer
Phone: (401) 364-7761	Kenyon Industries, Inc. 36 Sherman Avenue, Box 147
Address and telephone of the principal office of business entity in Rb	Kenyon PT (19836
Island (Provide street address Not P.O. Box): 36 Shorman Avenue, Box 147 Kenyon, P.I. 02836	Brief statement of the character of business conducted in Rhode Island:
Kenyor, 14 02000	Date of Organization February 24, 1939
Phone: (401) 364-7761	Date of Qualification to do business in Rhode Island (if foreign entity) March 29, 1989.
THE NAM	MES OF THE OFFICERS ARE:
Шови висптиворяк/йой Жикбивит-съвсом. Gerâldine M. Kubik	36 Sherman Avenue, Box 147 Kenyon, RI 02836
J. Luis Suarez	36 Sherman Avenue, Box 147 Kenyon, RI 02836
口 customas of records on	36 Sherman Avenue, Box 147, Kenyon, RI 02836
Duane O, Schmidt	36 Sherman Avenue, Box 147, Kenyon, RI 02836
THE NAM	IES OF THE DIRECTORS ARE: STRET ADDRESS C.TYSTATE ZIPCODE
Pavid R. A. Steadman	7 Wainwright Road, Winchester, MA 01890
Amber Brookman	10 E. 39th Street New York, NY 10016
Geraldine M. Kubik	36 Sherman Avenue, Box 147, Kenyon, RI 02836
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 3000	NUMBER 3000
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR \$.01	PAR VALUE OR WITHOUT PAR \$.01
Date February 18, 94	By Duane D Schrift
181 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Duane O. Schmidt PRISTUR TYPE SAME DE CLERIESING Secretary & Treasurer
B1_1/2n 36566	TITLE OF GUILG R NUMBG
DESIGNATED DEGICEDED O	AD DECIMENT AMENT EAD CEBUIDE ME DDAGUCC.

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054959	Annual Report	for the year	1993
FIRST: The name	e of the corporation is	Kenyon Indust	inies. Ind	: ***TO DO BUSINESS
SECOND: It is inc	orporated under the laws of	Delaware		
THIRD: Characte	r of business, briefly stated, is	Fabric Finis	her	······································
• • •	gn corporation, address of its			
FIFTH: Business a	ddress in Rhode Island	36 Sherman Aven	nue	
	······	Kenyon, RI 0283	6	•••••
SIXTH: Names an	d addresses of its directors an		cluding number, stree	(Attach rider if necessary)
David R. A. Stead	nan Director	.7Wainwright Rd	Winchester	MA 01890
Amber M. Brookman	Director	10.E. 39th St., N	lew York, NY	10016
Ceraldine M. Kubil	C Director	36 Sherman Avenue	KenyonF	PI 02836
	S President	36. Sherman. Avenue	KenyonF	RI 02836
J. Luis Suarez	Vice Presid	lent 36. Sherman. Avenue	Kenyon, F	PI 02836
Duane O. Schmidt	Secretary	36 Sherman Avenue	, Kenyon, F	PI 02836
Duane O. Schmidt	Treasurer	36. Sherman Avenue	Kenyon, F	PI 02836
SEVENTH: Number	er of Shares authorized:			Par Value or statement that
No. of Shares	Class	Series	8.	
3,000	Common	E Con	Poglino Poglino Poglino	\$.01
Eighth: Number	of Shares issued:		ኤ _{ሪኦ}	Par Value or statement that
No. of Shares	Class	Scries	1973	shares are without par value
3,000	Common			\$.01
DatedFebruary. 2	19 .93	Kenyon Industries, (Name of Corporation) By Juane D	Incorporat	ed
(Report must b	e signed by an officer)	Title Secretary and Tr	792511mo-	

To be filed annually between January 1st and March 1st

277649B. To t Jan State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 1054959

Corporate ID #0054959 Annual Report for the year 1992					
FIRST: The name of	FIRST: The name of the corporation is Kenyon Industries, Incorporated				
		<u>```</u>			
SECOND: It is income	rporated under the laws of	Delaware			
THIRD: Character of	of business, briefly stated, is.	Fabr¢c Finisher			
		orincipal office.c./oCorpo:	ration Trust Company		
FIFTH: Business ad	dress in Rhode Island36	Sherman Ave.			
	Kc	enyon, RI 02836			
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)		
David R.A. Stead	dman Director	7 Wainwright Rd	, Winchester MA 01890		
Amber M. Brookma	an Director	10 E. 39th St.	NY NY 10016		
Geraldine M. Kul	oik Director	36 Sherman Ave,	Kenyon RI 02836		
Geraldine M. Kul	oik President	36 Sherman Ave.	Kenyon RI 02836		
J. Luis Suarez	Vice Presid	ent 36 Sherman Ave.	Kenyon RI 02836		
Duane OSchmid	t Secretary	36 Sherman Ave.	Kenyon RI 02836		
Duane O. Schmid	t Treasurer	36 Sherman Ave.	Kenyon RI 02836		
SEVENTH: Number	of Shares authorized:		Par Value or statement that shares are without		
3,000	Class Common	Series	par value \$.01		
3,000	Common		Ş .UI		
Eighth: Number o	f Shares issued:		Par Value or statement that shares are without		
No. of Shares	Class	Series	par value		
3,000	Common		\$.01		
Dated November 30		Kenyon Industrie	s, Incorporated		
(Report must be s		Title Secretary and	Treasurer		

To be filed annually between January 1st and March 1st

To to Jar State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID #00549	159	Annual Report for the year 1991	
First: The name of	f the corporation is Keny	von Industries, In	corporated
Second: It is incor	porated under the laws of	Delaware	
THIRD: Character of	of business, briefly stated, is	Fabr¢c Finisher	
	corporation, address of its pr	10901	ration Trust Company
FIFTH: Business add	dress in Rhode Island36	Sherman Ave.	
	Ker	nyon, RI 02836	······································
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)
David R.A. Stead	lman Director	7 Wainwright Rd	, Winchester MA 01890
Amber M. Brookma	in Director	10 E. 39th St.	NY NY 10016
Geraldine M. Kub	Director Director	36 Sherman Ave,	Kenyon RI 02836
Geraldine M. Kub	Dik President	36 Sherman Ave.	Kenyon RI 02836
J. Luis Suarez	Vice Preside	nt 36 Sherman Ave.	Kenyon RI 02836
.Edward P. Delson	Secretary	10 E. 39th St.,	NY, NY 10016
Edward P. Delson	Treasurer	10 E. 39th St.,	NY, NY 10016
SEVENTH: Number of Shares	of Shares authorized:	Series	Par Value or statement that shares are without
3,000	Common	Senia	par value \$.01
,			
EIGHTH: Number of	f Shares issued:		Par Value
No. of Shares	Class	Series	shares are without par value
3,000	Common		\$.01
Dated November 30	(Kenyon Industrie	es, Incorporated
(Report must be si		Title Secretary and	Tressurer

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054959 First: The name of the corporation is		Annual Report for the year 1990		
		Kenyon Industries, Inc ***TO DO 8USINESS		
SECOND: It is incorpora	ited under the laws of	DELAWARE		
THIRD: Character of bu	siness, briefly stated, i	S DYEING & FINISHIA	16	
Fourth: If foreign corp	poration, address of its	s principal office		
Fifth: Business address	in Rhode Island	00 MB, ~ 37 KENT	an RI. 02836	
SIXTH: Names and addi	resses of its directors a	and officers:	(Attach rider if necessary)	
BABER DNORMON	Director	40 America 10 5 39	TF ST NONTION ONT/00	
DANSE DOWN	Director		<i>/</i> •	
DAVID STEADINGS	Director	17 SERRY PA G	ארדום פות ביסיניםן	
DROG CUATIS	President	closerasor 100 mo	N NT KENDN AS OFF	
COULD SUBAGE	Vice Pres	ident	······	
	Secretary		·····	
	Treasurer			
SEVENTH: Number of S	hares authorized:		Par Value or statement that shares are without	
No. of Shares	Class CIAMIN	PAID	par value	
300		MAR 12 kg/	. 07	
EIGHTH: Number of Sha	ares issued:	SEC'Y. OF STATE	Par Value	
No. of Shares	Class	Senes	or statement that shares are without par value	
3000	COMMON		. 0/	
Dated 3/	1990	(Name of Corporation) By COD		
(Report must be signed by an officer)		Title Tamsvara		