



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2020 MAR -5 PM 1:05

1. Entity ID Number <u>000003004</u>		2. Exact name of the Corporation <u>Brwin Plastics CO., Inc.</u>	
3. Principal Office Address <u>61 Toslin Road</u>		City <u>Glendale</u>	State <u>RI</u>
		Zip <u>02826</u>	
4. NAICS Code <u>313310</u>	6. Brief description of the character of business conducted in Rhode Island <u>wholesale, distribute, market and sell or otherwise trade in and with chemically treated and coated textile fabrics.</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>Dennis E. Angelone</u>		Vice-President Name <u>Steven M. Angelone</u>	
Street Address <u>61 Toslin Road</u>		Street Address <u>61 Toslin Road</u>	
City <u>Glendale</u>	State <u>RI</u>	Zip <u>02826</u>	City <u>Glendale</u>
			State <u>RI</u>
			Zip <u>02826</u>
Secretary Name <u>Dennis E. Angelone</u>		Treasurer Name <u>Steven M. Angelone</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u>Glendale</u>	State <u>RI</u>	Zip <u>02826</u>	City <u>Glendale</u>
			State <u>RI</u>
			Zip <u>02826</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address <u>N/A</u>		Street Address <u>N/A</u>	
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>
			State <u>N/A</u>
			Zip <u>N/A</u>
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address <u>N/A</u>		Street Address <u>N/A</u>	
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>
			State <u>N/A</u>
			Zip <u>N/A</u>
9. Shares Authorized 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 <input type="checkbox"/>	
		NUMBER OF SHARES <u>1000.00</u>	CLASS/SERIES <u>CNP</u>
		PAR VALUE <u>0</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. <u>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.</u>			
Name of Authorized Representative <u>Steven M Angelone</u>		Date <u>3/3/2020</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED <u>3/5/2020</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY [Signature]



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 05, 2020 01:05 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

