



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.

Amended

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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>
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	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>1000.00</u>	<u>CNP</u>
		<u>0</u>	<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>3/3/2020</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]

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