



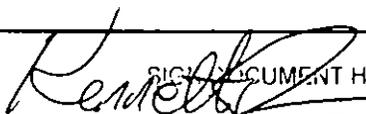
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 MAR -0 A 9:18

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.

1. Entity ID Number 000015737		2. Exact name of the Corporation PAWTUCKET MILL SUPPLY CO.			
3. Principal Office Address 21 SABIN STREET		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island TEXTILE MACHINERY, SUPPLIES AND EQUIPMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH T. DURN			Vice-President Name KENNETH T. DURN		
Street Address PO BOX 2272			Street Address PO BOX 2272		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name KENNETH T. DURN			Treasurer Name KENNETH T. DURN		
Street Address PO BOX 2272			Street Address PO BOX 2272		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KENNETH T. DURN			Director Name		
Street Address PO BOX 2272			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Director Name			Director Name		
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		
			600	STK	0.00
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. <i>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.</i>					
Name of Authorized Representative KENNETH T. DURN					Date 2-27-2020
Signature of Authorized Representative 					FILED

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

MAR 06 2020

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