



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year: **2019**  
Corporation

2020 APR 20 A 10:14 STAMP

- 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 <b>000013217</b>		2. Exact name of the Corporation <b>The Entwistle Company</b>												
3. Principal Office Address <b>6 Bigelow Street</b>			City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>									
4. NAICS Code <b>336999</b>	6. Brief description of the character of business conducted in Rhode Island <b>Manufacturer of defense machinery</b>													
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Cary J. Corkin</b>			Vice-President Name <b>None</b>											
Street Address <b>6 Bigelow Street</b>			Street Address											
City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>	City	State	Zip									
Secretary Name <b>George Kaplan</b>			Treasurer Name <b>Anthony Celozzi</b>											
Street Address <b>6 Bigelow Street</b>			Street Address <b>6 Bigelow Street</b>											
City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>	City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Cary J. Corkin</b>			Director Name <b>Dale Eck</b>											
Street Address <b>6 Bigelow Street</b>			Street Address <b>6 Bigelow Street</b>											
City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>	City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>									
Director Name <b>George Kaplan</b>			Director Name <b>Anthony Celozzi</b>											
Street Address <b>6 Bigelow Street</b>			Street Address <b>6 Bigelow Street</b>											
City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>	City <b>Hudson</b>	State <b>MA</b>	Zip <b>01749</b>									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common Stock</b></td> <td><b>\$0.10</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common Stock</b>	<b>\$0.10</b>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<b>100</b>	<b>Common Stock</b>	<b>\$0.10</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Cary J. Corkin</b>			Date <b>4/17/2020</b>											
Signature of Authorized Representative 			SIGNATURE HERE											

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

FILED

A.A. 10:15 AM

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BY KINJAY

FORM 630 - Revised: 10/2017