



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 AMENDED
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 STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JAN 15 PM 2:50

1. Entity ID Number 000006470		2. Exact name of the Corporation Maguire Lace & Warping, Inc.			
3. Principal Office Address 65 Stone Street			City Coventry		State RI
					Zip 02816
4. NAICS Code 313240		6. Brief description of the character of business conducted in Rhode Island Manufacture Lace and Warping			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Maguire			Vice-President Name Paula A. Magurie		
Street Address 65 Stone Street			Street Address 38 Lowell Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Paula A. Maguire			Treasurer Name Joseph Maguire		
Street Address 38 Lowell Street			Street Address 65 Stone Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Maguire			Director Name Paula A. Magurie		
Street Address 65 Stone Street			Street Address 38 Lowell Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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		
			Common		
			NO PAR		
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. 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.					
Name of Authorized Representative Paula A. Maguire					Date 01/13/2021
Signature of Authorized Representative <i>Paula A. Maguire</i>					

FILED

MAIL TO:
 Division of Business Services

JAN 15 2021

BY *Am* 2:50



State of Rhode Island

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,
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:

January 15, 2021 02:50 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

