



**State of Rhode Island  
Department of State - Business Services Division**

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2023 JUL -3 P 2:47

Annual Report for the year: **2023**

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000006476</b>		2. Exact name of the Corporation <b>Maguire Lace &amp; Warping Inc.</b>			
3. Principal Office Address <b>65 Stone Street</b>		City <b>Coventry</b>		State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>313240</b>		6. Brief description of the character of business conducted in Rhode Island <b>manufacture lace and warps</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>Andrew Maguire</b>			Vice-President Name <b>Paula A. Maguire</b>		
Street Address <b>451 Gentile Road PO Box 194</b>			Street Address <b>38 Lowell Street</b>		
City <b>East Nassau</b>	State <b>NY</b>	Zip <b>12062</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Paula A. Maguire</b>			Treasurer Name <b>Andrew Maguire</b>		
Street Address <b>38 Lowell Street</b>			Street Address <b>451 Gentile Road PO Box 194</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>East Nassau</b>	State <b>NY</b>	Zip <b>12062</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>Paula A. Maguire</b>			Director Name <b>Andrew Maguire</b>		
Street Address <b>38 Lowell Street</b>			Street Address <b>451 Gentile Road PO Box 194</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>East Nassau</b>	State <b>NY</b>	Zip <b>12062</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		<b>500</b>	<b>Common</b>	<b>No Par</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>Paula A. Maguire</b>				Date <b>06/27/2023</b>	
Signature of Authorized Representative 				<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2616

JUL 03 2023  
BY 82RKL  
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