

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 06, 2017**

**Secretary of State  
CC9691486512**

DOCUMENT# F05000006004

**Entity Name:** THE EASTERN COMPANY

**Current Principal Place of Business:**

112 BRIDGE STREET  
NAUGATUCK, CT 06770

**Current Mailing Address:**

P.O. BOX 460  
NAUGATUCK, CT 06770

**FEI Number:** 06-0330020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           CEOP  
Name           VLAK, AUGUST M  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title           VCFO  
Name           SULLIVAN, JOHN LIII  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title           T  
Name           FINELLI, GENE A  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title           S  
Name           DEWS, THERESA P  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title           V  
Name           KAY, BRIAN  
Address        21944 DRAKE ROAD  
City-State-Zip: STRONGSVILLE OH 44136

Title           VP  
Name           SAMELA, LEONARD V.  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title           VP, COO  
Name           LABBADIA, ANGELO  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title           DIRECTOR  
Name           EVERETS, JOHN W  
Address        112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GENE A. FINELLI**

**TREASURER**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HENRY, CHARLES W  
Address 112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR, CHAIRMAN  
Name MITAROTONDA, JAMES A  
Address P.O. BOX 460  
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR  
Name DISANTO, FRED D  
Address 112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR  
Name MCMANUS, MICHAEL A  
Address P.O. BOX 460  
City-State-Zip: NAUGATUCK CT 06770

Title DIRECTOR  
Name LEGANZA, LEONARD F  
Address 112 BRIDGE STREET  
City-State-Zip: NAUGATUCK CT 06770