

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839312 (6)

1. Corporation Name
NYMAN MFG. CO



Principal Place of Business

275 FERRIS AVE
E PROVIDENCE RI 02916
US

Mailing Address

275 FERRIS AVE
E PROVIDENCE RI 02916
US

3. Date Incorporated or Qualified 10/17/1977
3a. Date of Last Report 02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number 05-0281948
Applied For

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature by officer or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE V
1.2 NAME SMITH, DOUGLAS
1.3 STREET ADDRESS 17 DEERPATH CIRCLE
1.4 CITY-STATE-ZIP GREENBROOK NJ
2.1 TITLE VS
2.2 NAME PAIVA, M
2.3 STREET ADDRESS 6 ADELE AVENUE
2.4 CITY-STATE-ZIP RUMFORD RI
3.1 TITLE P
3.2 NAME NYMAN, ROBERT C.
3.3 STREET ADDRESS 12 COOKE STREET
3.4 CITY-STATE-ZIP PROVIDENCE RI
4.1 TITLE V
4.2 NAME NYMAN, K J
4.3 STREET ADDRESS 46 MELODY LANE
4.4 CITY-STATE-ZIP CUMBERLAND RI
5.1 TITLE AT
5.2 NAME BRANCH, EARL H.
5.3 STREET ADDRESS 76 WILLIAMS CROSSING RD
5.4 CITY-STATE-ZIP GREENE RI
6.1 TITLE V
6.2 NAME PIERRO, JOSEPH
6.3 STREET ADDRESS 30 FLETCHER RD
6.4 CITY-STATE-ZIP NAKINGSTOWN RI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PT
1.2 NAME Johnson, Keith N
1.3 STREET ADDRESS 547 Woonsocket Hill Rd.
1.4 CITY-STATE-ZIP No. Smithfield, RI
2.1 TITLE V
2.2 NAME Lafond, Gerald
2.3 STREET ADDRESS 67 Martin ST.
2.4 CITY-STATE-ZIP E. Providence, RI
3.1 TITLE C
3.2 NAME Nyman, Robert C.
3.3 STREET ADDRESS 12 Cooke ST.
3.4 CITY-STATE-ZIP Providence, RI
4.1 TITLE V
4.2 NAME O'Brien, Edward B.
4.3 STREET ADDRESS 15 Walnut Rd.
4.4 CITY-STATE-ZIP Chelmsford, MA 01824
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald A. Lafond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

Date

(401) 438-3410

Daytime Phone #

CR2E034 (12/95)