

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000916 (7)

1. Corporation Name

PAWTUCKET FASTENERS, INC.

Principal Place of Business

**327 PINE STREET
PAWTUCKET RI 02860**

Mailing Address

**327 PINE STREET
PAWTUCKET RI 02860**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

4. FEI Number

05-0197220

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
The Prentice-Hall Corporation System, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street, Suite 105

84 City

Tallahassee,

FL

85 Zip Code
32301

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 **Vicki Schreiber, Vice President**

Vicki Schreiber

4/25/95

12. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	HIRSCH, DAVID M
STREET ADDRESS	17 WRISTON DR.
CITY ST ZIP	PROVIDENCE RI 02906
TITLE	DV
NAME	ALPERIN, MARK R
STREET ADDRESS	73 PARTRIDGE DR.
CITY ST ZIP	WESTWOOD MA
TITLE	DS
NAME	ALPERIN, BARRY J
STREET ADDRESS	960 PARK AVE.
CITY ST ZIP	NEW YORK NY
TITLE	DT
NAME	ALPERIN, MELVIN G
STREET ADDRESS	400 BLACKSTONE BLVD.
CITY ST ZIP	PROVIDENCE RI 02906
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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******200.00 ****200.00**

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)(a), Florida Statutes. I further certify that the information included 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

401-725-3890
(System # 4444)