-		Short Form Annua		t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089				
Inter De	epartment of Labor		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal							
		 Complete all entries in a 	,	,	Public Inspect					
Part I	Annual Report									
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2								
A This ret	turn/report is for:	a single-employer plan	list of participating e	· · · · · ·		•				
B This retu	urn/report is									
		an amended return/report			1210-0089 iirement internal 2018 This Form is Open to Public Inspection 31/2018 31/2018 iilers checking this box must attach a ordance with the form instructions.) nths) DFVC program 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 01/01/2002 2b Employer Identification Number (EIN) 05-0512311 2c Sponsor's telephone number 401-276-7900 2d Business code (see instructions) 423990 3b Administrator's EIN 3c Administrator's telephone number 60 4b EIN 4d PN 5a 3 5c 3 5c					
C Check	box if filing under:	Form 5558	automatic extension	[DFVC p	rogram				
Desting a result 1210.0089 Desting a result of a result Desting a result of result of a result o										
Part II	Basic Plan Info	rmation—enter all requested info	ormation							
TEXTILES 2	2 INC. 401(K) PLAN				•					
				-	1c Effec					
Mailing	g address (include roor	n, apt., suite no. and street, or P.O								
		e, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)						
					2d Business code (see instructions)					
						423990				
3a Plan a	dministrator's name an	nd address 🛛 Same as Plan Spon	sor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last	return/report filed for	4b EIN					
•		nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN					
•										
5a Total	number of participants	at the beginning of the plan year			5a	3				
					5b	3				
	· ·				5c	3				
d(1) Tota	al number of active par	rticipants at the beginning of the pla	an year			3				
• •					5d(2)	3				
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assessed	d unless reasonable cau						
SB or Sche	edule MB completed ar	nd signed by an enrolled actuary, a								
SIGN	Filed with authorized/	valid electronic signature.	01/16/2019	JOHN F. HAYES, JR.						
HERE	Signature of plan a	dministrator	Date	Enter name of individu	al signing a	as plan administrator				
SIGN										
HERE	Signature of emplo		Date	Enter name of individu	al signing a					
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.		_	Form 5500-SF (2018) v.171027				

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe and condi	ndent qualified public accountant (IQI tions.)	PA) Yes [] No
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 4021)? .	Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1313578	1132879
	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1313578	1132879
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	3120	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-77589	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-74469
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	97155	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	9075	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		106230
i	Net income (loss) (subtract line 8h from line 8c)	8i		-180699
j	Transfers to (from) the plan (see instructions)	8i		

Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2A 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

8j

Part	V	Compliance Questions				
10	Duri	ng the plan year:		Yes	No	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х	
С	Was	s the plan covered by a fidelity bond?	10c	Х		385000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		X	
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		9912
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х	
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI	Pension Funding Compliance						
11	ls th (Foi	B		Yes	No			
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	rm 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Emp Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee F					
	artment of the Treasury mail Revenue Service	This form is required to be file						
	Department of Labor Benefits Security Administration	Income Security Act of 1974	57(b) and 6058(a) of the Internal e).	This Form is Open to				
Pension B	lenefit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5500-SF.	Public Inspection			
Part I		t Identification Information		*******				
For calence	lar plan year 2018 or l	fiscal plan year beginning	01/01/2018		/31/2018			
A This re	turn/report is for:	\mathbf{X} a single-employer plan	list of participating e	lan (not multiemployer) (Filers ch mployer information in accordanc				
B This rol	urn/report is	a one-participant plan	a foreign plan					
Dimsie	unineport is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 months)				
C Check	box if filing under:	Form 5558	automatic extension		C program			
		special extension (enter desc	cription)	L.J				
Part II	Basic Plan Info	ormation—enter all requested ir	formation	***************				
1a Name		403 (V) DI 201			nree-digit			
TEX	FILES 2 INC.	AUL(K) PLAN			an number N) 🕨 001			
				here and the second	fective date of plan			
20 01-				0	1/01/2002			
Mailin	ponsor's name (emplo g address (include roc	(5	nployer Identification Number					
,City,o	town state or provin TILES 2 INC.	ce. country and ZIP, or foreign pos	ructions) ZC S	(EIN) 05-0512311 2c Sponsor's telephone number				
n					401-276-7900 2d Business code (see instructions)			
PO F	Box 7781							
Cum	perland	A.	423990					
3a Plan a	idministrator's name a		3b Administrator's EIN					
				3C Ac	ministrator's telephone number			
4 If the	nome and/or Fibl of th							
this p	lan, enter the plan spo	ne plan sponsor or the plan name h onsor's name, EIN, the plan name a	as changed since the last r and the plan number from t	eturn/report filed for 4b El he last return/report.	4b EIN			
a Spons	or's name		·	4d PI	1			
C Plan N	lame							
5a Total	number of participants	s at the beginning of the plan year.		5a				
		s at the end of the plan year						
C Numb	er of participants with	account balances as of the end of	f the plan year (only defined	contribution plans				
		articipants at the beginning of the p		Photo and a second s				
		articipants at the end of the plan ye b terminated employment during the		polite that were land				
than	100% vested	Je						
Caution: A	A penalty for the late	or incomplete filing of this retur ther penalties set forth in the instru	n/report will be assessed	unless reasonable cause is es	tablished.			
SB or Sche	edule MB completed a true, correct, and correct	ind signed by an enrolled actuary	as well as the electronic ve	rsion of this return/report, and to	he best of my knowledge and			
SIGN	Apetin t. 1	tay 1	1-16.19	JOHN F. HAYES, JR.				
HERE	Signature of plan a	administrator	Date	Enter name of individual signir	g as plan administrator			
SIGN	Ľ –							

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
Pa	Int III Financial Information	

		·····	*****			
7 Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year
a Total plan assets	. 7a	1,	313,5	578		1,132,87
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1,	313,9	578		1,132,87
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a Contributions received or receivable from: (1) Employers	. 8a(1)			and the second se		
(2) Participants	8a(2)		3,1	L20		
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b		-77,5	589		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-74,46
d Benefits paid (including direct rollovers and insurance premiums	8d	e sumad	97.1	55	A sus a s	ي د د د د د د د د د
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f		9,0	075		
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					106,23
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-180,69
j Transfers to (from) the plan (see instructions)	- 8j					
Part IV Plan Characteristics		•				
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Pl	an Char	acteri	stic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	feature cod	les from the List of Pla	n Chara	cterist	ic Cod	les in the instructions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	Voluntary F	Fiduciary Correction	10a	:	x	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		x	
c Was the plan covered by a fidelity bond?			10c	х		385,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x	

х

х

х

9,912

х

10e

10f

10g

10h

10i

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3

carrier, insurance service, or other organization that provides some or all of the benefits under

the plan? (See instructions.).....

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Part VI Pension Funding Compliance							
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar (Form 5500) and line 11a below) 	nd complete Sche	edule S	B		Yes 🗌	No	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?			ı f		Yes 🗴	No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	enter Da		e of the let Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.						
b Enter the minimum required contribution for this plan year		12b					
c Enter the amount contributed by the employer to the plan for this plan year	1	12c	1				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t negative amount)	he left of a	12d				*********	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Γ	Yes	No	□ N/A	**	
Part VII Plan Terminations and Transfers of Assets							
13a Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?	rought under the			Yes	X No		
C In during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred.	entify the plan(s)	to '	· •	. a rama	an chaire de	net rie	
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(13c(3) PN(s)		
				l			

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