

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 3/2/2026 11:45 AM EST

Confirmation Number: 16144

Amended Confirmation Number:

Employer Information

Name: Gladding Braided Products, LLC
Address: PO Box 164
City: South Otselic
State: NY
Zip Code: 13155

Plan Administrator Information

Name: Scolaro Fetter Grizanti & McGough PC
Address: 507 Plum St Ste 300
City: Syracuse
State: NY
Zip Code: 13204
Phone: 3154718111
Email: mholt@scolaro.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Deferred Compensation Agreement for Austin Lallier	Number of Employees: 1
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Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 16144. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.