



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 21361		2. Name of Corporation J & M Diamond Tool, Inc.			
3. Street Address Principal Business Office 43 ROGER WILLIAMS AVENUE			City East Providence	State RI	Zip 02914
4. Business Phone No. 401 431 2225		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Tool Manufacturing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leo R. Mongeau			Vice President Name Richard L. Mongeau		
Street Address 100 Pequot Road			Street Address 8 2nd Street		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02881
Secretary Name Denise L. Drury			Treasurer Name Leo R. Mongeau		
Street Address 18 Cherry Lane			Street Address 100 Pequot Road		
City Rehoboth	State MA	Zip 02169	City Pawtucket	State RI	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Leo R. Mongeau			Director Name Pauline M. Mongeau		
Street Address 100 Pequot Road			Street Address 100 Pequot Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Common	No Par Value	10,000	Common	None

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	MAR 14 2008
By:	By 4/1/08
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Denise L. Drury 3/12/08
Signature Date

Denise L. Drury

Print or Type Name

SECRETARY

Title