

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree Providence, RI 02904-261 401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 ubject to a penalty fee of \$25.00.

1. C							
1. Corporate ID No. 21361	2. Name of Gor J & M Diar	nond Tool, Inc.					
3. Street Address Principal Business Office 43 Roger Williams Ave.		City East Providence	State RI	<i>Σιρ</i> 02916			
4. Business Phone No. 5. State of Incorporate		ition					
401-431-2220 RI							
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President Name			Vice President Name	•			
Leo R. Mongeau				Richard L. Mongeau			
Street Address 100 Pequot Rd.			Street Address 8 Second St.	Street Address 8 Second St			
ார் Pawtucket	State RI	^{ஜ்ர} 02861	^{City} Pawtucket	State RI	7.1p 02861		
Secretary Name Denise L. Drury			Treasurer Name Leo R. Mongeau				
Street Address			Street Address	Street Address			
10 Cherry Ln.			100 Pequot Rd.	100 Pequot Rd.			
αι _ύ Rehob e th	State MA	^{Zip} 02769	City Pawtucket	State RI	Zip 02861		
. NAMES AND ADD	resses of the dir	ECTORS: ("X" BOX FOI	RATTÁCHMENT) 🗍 FILL IN	SPACES BEFORE USI	NG ATTACHMENTS		
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Leo R. Mongeau			Pauline M. mongeau	Pauline M. mongeau			
Street Address			Street Address				
00 Pequot Rd.		100 Pequot Rd.	100 Pequot Rd.				
City	State	Zip	City	State	Zip		
^b awtucket	RI	02861	Pawtucket	RI	02861		
Director Name		***************************************	Director Name				
VONE			NONE	NONE			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
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This information is a	urrantly of record in t	ho Office of the Secretors	of Number of Shares	Class/Series	Par Value		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			10000	Common	No Par Value		
THE PERSON STREET				TO MUST SE G			
This report must be ex	xecuted on behalf of t	he corporation by an auth	norized representative. If the co	orporation is in the hand	ds of a receiver or trustee		
		e corporation by the rece		•			
and report must be ex	or opinii of u	2 corporation of the rece	AL OI MINOUPPI				

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FOR SECRETARY O	
TOR BESTERNEO	I SIMILI COL CALL

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

Signature	non	Da	te / /
tee a	1. /// mo	ec à	1/18/11
Print or Type Name	1 PATE	MANC	leale 1
President	(CC (A))	71013	

Title