

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

| 1. Entity ID No. 21361 | 2. Exact na J & M [| Exact name of the Corporation & M Diamond Tool Inc. | | | | |
|--|--|--|--|---|----------------------------|--|
| Principal office address Roger Williams Avenue | | | City East Providence | State RI | Zip 02916 | |
| 4. Business Phone No. 401-431-2200 | | | 5. State of Incorporation RI | | | |
| 6. Brief description of the cl Tool Manufacturing | naracter of busines | s conducted in Rhode Island | d | | | |
| LIST <u>all</u> officers (1 | IAMES AND ADD | RESSES) ("X" BOX FOR A | TTACHMENT) | | | |
| President Name Leo R. Mongeau | | | Vice-President Name Richard L. Mongeau | | | |
| Street Address 100 Pequot Road | | | Street Address 8 Second Street | | | |
| ity Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI | Zip 02861 | |
| ecretary Name Denise L. Drury | | | Treasurer Name Leo R. Mongeau | | | |
| Street Address 10 Cherry Lane | | | Street Address 100 Pequot Road | | | |
| City Rehoboth | State MA | Zip 02769 | City Pawtucket | State RI | Zip 02861 | |
| LIST ALL DIRECTORS | (NAMES AND ADD | RESSES) ("X" BOX FOR | ATTACHMENT) | | | |
| 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 | | 1 | Director Name | ' | <u> </u> | |
| Street Address | | | Street Address | | | |
| Dity | State | Zip | City | State | Zip | |
| . SHARES AUTHORIZED | | | 10. SHARES ISSUED | ("X" BOX FOR ATTAC | HMENT) | |
| 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | | 10,000 | common | none | |
| This report must be execut | | corporation by an authorize ist be executed on behalf of | | | ls of a receiver or truste | |
| File Date | | | Under penalty of p | erjury, I declare and affi ng any accompanying s | | |
| Check No FILED | | and that all statements contained herein are true and correct. | | | | |
| Ву: | | **** 0 0 001 | Signature of Author | zed Representative | Date | |
| | FOR SECRETARY OF STATE USE ONLY MAR 2 3 2015 | | | Leo R. Mongeau | | |

Revised: 01/2012