

## 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 2016 Filling Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No.		E THIS REPORT BY M	ALGIO, WILLIAM			
36970	1	2. Exact name of the Corporation 5 Star Hub & Die Inc.				
3. Principal office address 133 Carolyn Street			City Wawrick	State RI	Zip <b>02886</b>	
4. Business Phone No. 401-737-5916			5. State of Incorporation Rhode Island			
Brief description of the common Manufacturer of to		conducted in Rhode Island				
LIST ALL OFFICERS (	NAMES AND ADDRE	SSES) ("X" BOX FOR A	TACHMENT)			
7 LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT President Name Frederick Yehle			Vice-President Name William Yehle			
Street Address 133 Carolyn Street			Street Address 16 Brett Ct			
City Warwick	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State RI	Zip <b>02886</b>	
Secretary Name Frederick Yehle			Treasurer Name Frederick Yehle			
Street Address 133 Carolyn Street			Street Address 133 Carolyn Street			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City Warwick	State RI	Zip <b>02886</b>	
	(NAMÉS AND ADDI	RESSES) ("X" BOX FOR	2			
Director Name			Director Name		_	
Street Address		Street Address				
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZEI	<b>D</b>		10. SHARES ISSUED	("X" BOX FOR ATTA	CHMENT)	
<u></u>			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.		600	Common	No Par		
	uted on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the har	nds of a receiver or trustee,	
,	this report mus	t be executed on behalf of	f the corporation by the r	eceiver or trustee.		
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No		FILED	Frederic	f Johli	/-5-/6 Date	
FOR SECRETARY OF S	TATE TICE OUT	JAN 0 8 201	Signature of Author	ized Bepresentative <b>Ie</b>	Date	
JON SCOREMAN OF		JAN 00 ZO		of Authorized Represe	ntative	

Form No. 630 Revised: 01/2012