



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**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 21361		2. Exact name of the Corporation J & M Diamond Tool Inc.			
3. Principal office address 43 Roger Williams Avenue			City East Providence	State RI	Zip 02916
4. Business Phone No. 401-431-2200			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Tool Manufacturing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Leo R. Mongeau			Vice-President Name Richard L. Mongeau		
Street Address 100 Pequot Road			Street Address 605 DAVIS ST		
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771
Secretary 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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 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 _____

Check No _____

By: _____

FILED

MAR 07 2016

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.

Leo R. Mongeau 2/29/16
 Signature of Authorized Representative Date

Leo R. Mongeau

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY BY 019361