



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1 Entity ID Number 000021361		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 NAICS Code 331110		6. Brief description of the character of business conducted in Rhode Island Tool Manufacturing.			
5 State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Leo R. Mongeau		Vice-President Name Richard Mongeau			
Street Address 100 Pequot Road		Street Address 65 Davis Street			
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)					Check the box to indicate an 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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SES	PAR VALUE
		10,000		Common	None
11. 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. <i>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.</i>					
Name of Authorized Representative Denise L. Drury				Date 1-11-2019	
Signature of Authorized Representative <i>Denise L. Drury</i>		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 28 2019

FORM 630 - Revised: 10/2017

BY 022975 DS