



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

APR 11 2022

026520

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|--|--------------------|--|---|-------------------------------|--------------------------|
| 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 333515 | | 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 | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 10,000 | CLASS/SERIES Common | PAR VALUE 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. 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. | | | | | |
| Name of Authorized Representative Denise L. Drury | | | | Date 4-8-22 | |
| Signature of Authorized Representative <i>Denise L. Drury</i> | | | | | |

MAIL TO:
 Division of Business Services
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