



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

FEB 09 2023  
 BY *[Signature]*

**Annual Report for the year: 2023**  
**Corporation**

- 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		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	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.						
<b>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.</b>						
Name of Authorized Representative Denise L. Drury					Date 2/6/23	
Signature of Authorized Representative <i>[Signature]</i>						

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