



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

2008

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 54410		2. Name of Corporation Joseph A. Thomas, Ltd			
3. Street Address Principal Business Office 24 Broadcommon Rd.		City Bristol	State RI	Zip 02809	
4. Business Phone No. 401-253-1330		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island manufacture of tools and any other lawful and legal business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Strong			Vice President Name Ann Strong		
Street Address 55 Teed Ave			Street Address 55 Teed Avenue		
City Barrington	State RI	Zip 02804	City Barrington	State RI	Zip 02806
Secretary Name Same as above.			Treasurer Name Same as above.		
Street Address —			Street Address —		
City —	State —	Zip —	City —	State —	Zip —
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	none	none	Common	none

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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.

Signature

Ann Strong

Print or Type Name

VP

Title

Date

11/28/07

File Date

FILED

Check No.

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By:

By

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