



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

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

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.

FILED
File Date NOV 28 2007
Check No. 243144
By 9:47
FOR SECRETARY OF STATE USE ONLY

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