



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 55688		2. Name of Corporation SCOLARO TOOL CO., INC.	
3. Street Address Principal Business Office 122 Tupelo Street		City Bristol	State RI
		Zip 02809	
4. Business Phone No. (401) 253-1215		5. State of Incorporation Rhode Island	
6. SIC Code 1099			
7. Brief Description of the Character of Business Conducted in Rhode Island MACHINE SHOP			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Maria L. Scolaro			Vice President Name Joseph L. Scolaro		
Street Address 100 Mulberry Road, P.O. Box 95			Street Address 100 Mulberry Road, P.O. Box 95		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Daniel A. Scolaro			Treasurer Name Carmelo Scolaro		
Street Address 100 Mulberry Road, P.O. Box 95			Street Address 100 Mulberry Road, P.O. Box 95		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph L. Scolaro			Director Name Daniel A. Scolaro		
Street Address 100 Mulberry Road, P.O. BOX 95			Street Address 100 Mulberry Road, P.O. BOX 95		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Maria L. Scolaro			Director Name Daniel A. Scolaro		
Street Address 100 Mulberry Road, P.O. Box 95			Street Address 100 Mulberry Road, P.O. BOX 95		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMMON NO PAR VALUE		1,000	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **FILED**
Check No. **JAN 22 2008**
By **14047 MAC**
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.

Maria Scolaro 1-11-08
Signature of Officer Date
Maria L. Scolaro
Print or Type Name of Officer
President
Title of Officer