



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 11044		2. Name of Corporation TORY INCORPORATED			
3. Street Address Principal Business Office 481 Second Ave.			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-766-4502		5. State of Incorporation Rhode ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER OF RUBBER PRODUCT (RUBBER FINGER PADS)					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RONALD E. LEMIEUX			Vice President Name CHERYL CASSERLY		
Street Address PO BOX 1416			Street Address PO BOX 1416		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name RACHEL LEMIEUX			Treasurer Name STEVEN LEMIEUX		
Street Address PO BOX 1416			Street Address PO BOX 1416		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
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
2000	COMM	NO PAR VALUE	300	COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED			THIS SECTION MUST BE COMPLETED		

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.

FILE

File Date: MAR 14 2008 10:19

Check No.:

By: [Signature]

FOR SECRETARY OF STATE USE ONLY 052644

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] 3/5/08
Signature Date
RONALD E. LEMIEUX
Print or Type Name
PRESIDENT
Title