RI SOS Filing Number: 200942441750 Date: 02/17/2009 4:00 PM

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 2009

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(cont'd)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
43468	RED Tool Engineering & Four-slide Production Inc		
3. Street Address Principal Business Office	City	State	Zip
101 Kibora St	Cran	RI	02920
4. Business Phone No.	5. State of Incorporation		
942 9710	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
To design and build Tools and Machinery

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

President Name	Vice President Name
Richard D. Campopiano	Deborah L. Campopiano
Street Address: 1640 Pippin Orchard Rd	Street Address: 1640 Pippin Orchard Rd
City: Cran State: RI Zip: 02921	City: Cran State: RI Zip: 02921
Secretary Name: Richard D. Campopiano	Treasurer Name: Deborah L. Campopiano
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
Richard D Campopiano	Deborah L Campopiano
Street Address: 1640 Pippin Orchard Rd	Street Address: 1640 Pippin Orchard Rd
City: Cran State: RI Zip: 02921	City: Cran State: RI Zip: 02921
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED
600 Shares No Par Value

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
400 Share	Common	No Par Val

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.

[redacted] [redacted]

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 _____ Date 2/13/09

Deborah L Campopiano
Print or Type Name

[redacted] V-Pres
Title

File Date	FILED
Check No.	FEB 17 2009
By:	By 13063

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

31257-18-348415