



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

A. Ralph Molis, 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(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43468		2. Name of Corporation RED Tool Engineering & Four-slide Production Inc			
3. Street Address Principal Business Office 101 Libera St		City Cran	State RI	Zip 02920	
4. Business Phone No. 942 9710		5. State of Incorporation 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 Richard D. Campopiano		Vice President Name 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 Richard D. Campopiano		Director Name 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		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		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.

File Date	FILED
Check No.	FEB 17 2009
By:	By 13063
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: Deborah L. Campopiano Date: 2/13/09
Print or Type Name: Deborah L. Campopiano
Title: V-Pres