

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(c&d)) is

I. Corporate ID No. 20184	2. Name of Con Internation	of Corporation ational Machine & Tool Corporation				
3. Sureet Address Principal Business Office 115 MAPLE STREET			WARWICK	State RI	Ζώ 02888	
1. Business Phone No. 5. State of Incorporation RHODE ISLAND					•	
5. Brief Description of the Cha ASSEMBLING AND S		cted in Rhode Island IN TOOLS AND EQUIPMEN	Γ			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Waldemar J. Elsdoerfer Street Address 235 Love Lane			CHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Ronald W. Elsdoerfer Street Address 373 Red Chimney Drive			
						^{Cuy} Warwick
Secretary Name Gretel Elsdoerfer			Treasurer Name Gretel Elsdoerfer			
Street Address 235 Love Lane			Street Address 235 Love Lane			
cuv Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886	
3. NAMES AND ADDRE Director Name Waldemar J. Elsdoe		ECTORS: ("X" BOX FOR AT	ACHMENT) THILL IS Director Name Ronald W. Elsdoer	n spaces before usin fer	G ATTACHMENT	
Street Address 235 Love Lane			Street Address 373 Red Chimney Drive			
City Warwick Director Name	State RI	2ip 02886	City Warwick Director Name	State RI	<i>Σφ</i> 02886	
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
). SHARES AUTHORIZ	EED) <i>("X" BOX FOR ATTAC.</i> ECTION <u>MUST</u> BE COMPLETED	_	
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.			Number of Shares	Class/Series	Par Value	
			600	Common	\$1.00	

File Date	ILED
Check Mr. EB	2 0 2009
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FOR SI	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare including any accompanying sche	and affirm the	nat I have exam	ined this report,
contained herein are true and corr	ect ect	enems, and the	at an statements
Xcomeny	7_/	W2/19/2	2009
Signature		Date /	•
Waldemar J. Elsdoerfe	er C		
Print or Type Name			
President			
Title			