



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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 19654		2. Name of Corporation O. E. PLACE TOOL CO., INC.			
3. Street Address Principal Business Office 45 WORTHINGTON ROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-467-6655		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island WAREHOUSE DISTRIBUTOR, AUTOMOTIVE AND INDUSTRIAL TOOLS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PHILIP W. PLACE			Vice President Name ALLEN E. PLACE		
Street Address 157 KIRBY AVENUE			Street Address 45 WORTHINGTON AVENUE		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02920
Secretary Name JANICE PLACE			Treasurer Name PHILIP W. PLACE		
Street Address 157 KIRBY AVENUE			Street Address 157 KIRBY AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PHILIP W. PLACE			Director Name JANICE PLACE		
Street Address 157 KIRBY AVENUE			Street Address 157 KIRBY AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			200	COMMON	NO PAR

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.	MAR 06 2009
By:	By 86262
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

Date

PHILIP W. PLACE

Print or Type Name

PRESIDENT

Title