



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 2003

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. 000017860		2. Name of Corporation RAYBETH TOOL & DIE CO., INC.			
3. Street Address Principal Business Office 91 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. 401-831-0447		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Jewelry Manufacturer					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elio Lossini			Vice President Name Laura A. Grimes		
Street Address 65 Maribeth Drive			Street Address 213 Hartford Road		
City Johnston	State RI	Zip 02919	City Brooklyn	State CT	Zip 06234
Secretary Name Laura A. Grimes			Treasurer Name Elio Lossini		
Street Address 213 Hartford Road			Street Address 65 Maribeth Drive		
City Brooklyn	State CT	Zip 06234	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elio Lossini			Director Name		
Street Address 65 Maribeth Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 705	Class/Series CNP	Par Value None

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.	JUL 20 2009
By:	By <i>[Signature]</i> 094901
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.

Laura A. Grimes 5/15/09
Signature Date
Laura A. Grimes
Print or Type Name
Secretary
Title