

FOR SECRETARY OF STATE USE ONLY

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(e): is

subject to a penalty fee of \$25.00).			•		
1. Corporate ID No. 104859	D.B. TOO	2. Name of Corporation D.B. TOOL COMPANY, INC.				
3. Street Address Principal Business Office 11 Grandview Street, Unit #15			City: Coventry	State RI	^{Zip} 02816	
4. Business Phone No. 5. State of Incorporation Rhode Island			N			
6 Brief Description of the Chard The Manufacture of Jew	acter of Business Condu velry, Findings, To	icted in Rhode Island pols & Dies.	-	,		
7. NAMES AND ADDRES	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	<i>(CHMENT)</i> FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name		•	Vice President Name			
DAVID M. BILSKI			DAVID M. BILSKI			
Street Address 11 Grandview Street, Unit #15			Street Address 11 Grandview Street, Unit #15			
Coventry	RI	^{Zm} 02816	Coventry	State RI	^{Zip} 02816	
Secretary Name DAVID M. BILSKI			Treasurer Name DAVID M. BILSKI			
Street Address 11 Grandview Street, Unit #15			Street Address 11 Grandview Street, Unit #15			
City Coventry	State RI	^{Zip} 028 16	City:	State RI	<i>7.</i> р 02816	
8. NAMES AND ADDRES	SES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL I	N SPACES BEFORE USING	G ATTACHMENTS	
NONE.			NONE			
Street Address		Street Address				
CHy	State	Zip	City:	State	Zip	
Director Name NONE			Director Name NONE			
Street Address		WEARL.	Street Address		1976	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZEI				("X" BOX FOR ATTACE CTION MUST BE COMPLETED	HMENT) [
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1,000	COMMON	NO PAR	
This report must be execu	ited on behalf of th	ne corporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee	
this report must be execut	ted on behalf of th	e corporation by the receiver	or trustee.			
		FILED				
		OCT OF COO	Under penalty of j	perjury, I declare and affirm the	hat I have examined this re	
		OCT 07 2009		ompaying schedules and str	tements, and that all statem	
en 8		Bulni	contained herein	fre frue and effrect.	(4/n)/	
File Date		(1)		1 / WOUL	V 1100/1	
Check No.		As ummi	Signatur		Date	
		TX7/00/36	DAVID M. E			
By:	_	<u> </u>	Print or Type Name			

PRESIDENT