

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 2010 401.222.30 Filling Period: January 1 - March 1 • Filling 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(cord)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 14135	Stearns To	2. Name of Corporation Stearns Tool Company				
3. Street Address Principal Business Office 56 Sprague Street			City Providence	State RI	Zip 02907	
4. Business Phone No. 5. State of Incorporation Rhode Island			7		102307	
 Brief Description of the Chain Manufacturer of tools, 	racter of Business Condu dies, fixtures, jewe	cted in Rhode Island Iry products, production of t	metal stampings			
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES REFORE USIN	C ATTACHASENTO	
Robert J. Stearns			vice President Name			
Street Address			Robert J. Stearns, Jr. Street Address			
111 Pettis Drive	T.C.		9 Vallient Drive			
Warwick Secretary Name	State RI	^{Z\$\psi\$} 02886	<i>City</i> Coventry	State RI	^{Zip} 02816	
Dorothy A. Stearns Street Address			Treasurer Name Scott R. Stearns			
111 Pettis Drive			Street Address 22 Fairview Avenue			
Gig- Warwick	State RI	^{7.ip} 02886	City Coventry	State	^{Zip} 02816	
8. NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TTACHMENT) 📗 FILL II	N SPACES BEFORE USIN	NG ATTACHMENTS	
			Director Name		. . .	
irreet Address			Street Address			
City	State	7/6			_	
*****		Zip	City	State	Zip	
Director Name			Director Name			
Street Address						
			Street Address			
City	State	Ζip	СЦу	State	Zip	
. SHARES AUTHORIZEI	D .		10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT) 🗍	
This information is currently of record in the Office of the Secretary of			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Class/Series	Par Value	
			100	Common	No Par Value	
his report must be execu	ted on behalf of the	corporation by an authorize	ed representative. If the co	orporation is in the hand	s of a receiver or truston	
ns report must be execut	ed on behalf of the	corporation by the receiver	or trustee.		of a receiver of trustee,	
			Under nanolty of na	unicomo I de III. de ma		
CII EI			mending any accor	npanying schedules and sta	hat I have examined this report tements, and that all statement	
ile Date	J		contained herein are	e true and correct.		
FFR 1 9 2	010		Signature Signature	. Stearns	2-17-2010	
heck No.	7.		R_{cl}	AT CI	Date	
٠ ١١١ ٧٠	35		Print or Type Name	F J. Stear	.WZ	
FOR SECRETARY OF	STATE USE ONLY		Preside	~ <i>ω</i> †		
			Title			
					Form 630 Rev. 08/08	