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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 2011

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.	2. Name of Corporation			
10911	Toolcraft/Rumart, Inc.			
3. Street Address Principal Business Office		City	State	Zip
767 Hartford Avenue		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
521-9630	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
metal stampings

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Anthony Bertoldi	9 Fair Oaks Lane	Smithfield	RI	02828

Vice President Name	Street Address	City	State	Zip
Joseph R. Bertoldi	50 Regina Drive	Scituate	RI	02857

Secretary Name	Street Address	City	State	Zip
Joseph R. Bertoldi	50 Regina Drive	Scituate	RI	02857

Treasurer Name	Street Address	City	State	Zip
Anthony Bertoldi	9 Fair Oaks Lane	Smithfield	RI	02828

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Anthony Bertoldi	9 Fair Oaks Lane	Smithfield	RI	02828

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2	Class A	No Par
98	Class B	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.

[redacted]

[redacted]

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.

Anthony Bertoldi 1/24-11
Signature *Date*

Anthony Bertoldi
Print or Type Name

President
Title

[redacted]

File Date FILED

Check No. FEB 02 2011

By: 354025

BY

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Form 630 Rev. 08/08