

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 2012

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. 7-1.2-150).

29 State Address Principal Business Office 29 Description of the Character of Business Conducted in Rhode Island  A 10-782-3760  5. State of Incorporation Rhode Island  Another Projection of the Character of Business Conducted in Rhode Island  Another Projection of the Character of Business Conducted in Rhode Island  Another Projection of the Character of Business Conducted in Rhode Island  Another Projection of the Character of Business Conducted in Rhode Island  Another Projection of the Character of Business Conducted in Rhode Island  Another Projection of the Character of Business Conducted in Rhode Island  Another Projection Value  Another Projection Value  Leslie F. Thompson  Another Projection Value  Another Projection Value  Another Projection Value  Street Address  3 State 24p  Another Projection Value  2028 South Road  3 State 24p  Another Projection Value  22p South Road  3 State 24p  Another Projection Value  22p South Road  3 State 24p  Another Projection Value  22p South Road  3 State 24p  Another Projection Value  Another Projection Value  3 State 24p  Another Projection Value  4 Address  5 State 24p  Another Projection Value  Another Project	1. Corporate 1D No. 58728	2. Name of Co THE LES	orporation LIE F. THOMPSON GR	OUP, INC.		
## Justines Prome No.   South of Incorporation	3. Street Address Principal Business Office 28 Blanchard Place					
Andrew L. Thompson  Nakefield  State Portial Thompson	Rhode Island			on		02879
**************************************	wandlacture, sale and d	istribution of me	tal staples and fastener pro	oducts		
Andrew L. Thompson  Andrew L. Thompson  Andrew L. Thompson  Street Address 81 Candlewood Drive  State RI  O2879  N. Kingstown RI  O2852  State RI  O2852  State RI  O2852  Tressurer Name Leslie F. Thompson  State RI  O2879  O28	NAMES AND ADDRESS	ies of the of	FICERS: ("X" BOX FOR A	TACHMENT)   FILL IN	SPACES BEFORE LISTN	G ATTACHMENTS
28 South Road  29 N. Kingstown Ri	Leslie F. Thompson			rice Fresident Name		3.3-3-4-1-JAWAE1113
State   Zap   D2879   N. Kingstown   Ri   D2879   N. Kingstown   Ri   D2852    Vakefield   Ri   D2879   N. Kingstown   Ri   D2852    Valefield   Ri   D2879   N. Kingstown   Ri   D2852    Valefield   State   Leslie F. Thompson    Valefield   Ri   D2879   State   Ri   D2879    Vakefield   Ri   D2879   Wakefield   Ri   D2879    Vakefield   Ri   D2879   Wakefield   Ri   D2879    Valefield   Ri   D2879   Wakefield   State   Zap    Valefield   State   Zap   City   City   City   City    Valefield   State   City					son ————————	. <u></u>
Name		Ceate			ive	
Treasurer Name Leslie F. Thompson  Treasurer Name Total Thompson  Total T						
State   Ztp   City   State   Ztp   City   State   Ztp   City   State   Ztp   O2879   City   State   Ztp   City   Ci	Portia Thompson		•	: Treasurer Name	n	
Vakefield  NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name    Director Name				Street Address		
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS lone    Director Name   Director Name			Zip	<del></del>		
AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  One  Director Name  State	<del>-</del>		l 02879	: Wakofiold	D1	
Street Address  City: State Zip  Prector Name  Director Name  Director Name  Director Name  State Zip  State Zip  City: State Zip  State Zip  State Zip  Shares Authorized  10. Shares Issued (*X" BOX FOR ATTACHMENT) [ ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Ais information is currently of record in the Office of the Secretary of ate. Changes require an additional filing. See Section 9 of	lone			Director Name	SPACES BEFORE USI	NG ATTACHMENTS
State Zip  Director Name  Director Name  Director Name  State Zip  State Zip  Gity State Zip  SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Ais information is currently of record in the Office of the Secretary of ate. Changes require an additional filing. See Section 9 of				Street Address		
The state of the Secretary of ate. Changes require an additional filing. See Section 9 of Director Name  Director Name  Director Name  Director Name  Director Name  State	ity	State	Zip	City	State	Zih
Street Address  Thus State  Zup  State  Zup  State  Zup  State  Street Address  State  Zup  State  State  Zup  State  Zup  State  State  Zup  Zup  Zup  Zup  Zup  Zup  Zup  Zu	rector Name					
Street Address    State				Director Name		
SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Neries  Par Value  100  100  101  103  104  105  105  105  105  106  107  107  108  108  109  109  109  109  109  109	eet Address			Street Address		
SHARES AUTHORIZED  10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED    Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Class/Neries   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FOR ATTACHMENT)   ISSUED SHARES    Number of Shares   Par Value    10. SHARES ISSUED (*X* BOX FO	y	State	Zip	City	- Communication of the Communi	
is information is currently of record in the Office of the Secretary of ate. Changes require an additional filing. See Section 9 of	SHAPPS AUTHORIZED				State	Ζψ
is information is currently of record in the Office of the Secretary of th				ISSUED SHARES — THIS SEC	("X" BOX FOR ATTAC	HMENT)
the Changes require an additional filing. See Section 9 of	This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Society 0.5			Number of Shares		<del></del>
No Par Value	ate. Changes require an a	idditional filing.	See Section 9 of	100	Common	No Par Value
is 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.	struction sheet.			21 444 274		

FILED				
File Date	F53 22 <b>2012</b>			
Check No	المهودها ا			
Ву:	FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affir including any accompanying schedules and contained herein are true and correct.	m that I have examined this report, statements, and that all statements
Leslie F. Thompson	
Print or Type Name	
<u>President</u>	
Title	
	Form 630 Rev. 08/08