



**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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 15200		2. Name of Corporation KENYON TOOL, INC.			
3. Street Address Principal Business Office 161 Public Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-421-9288		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Tool Making					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ernest Folcarelli <i>Ernest Folcarelli</i>			Vice President Name Thomas A. Medici, Sr. <i>Thomas A. Medici Sr.</i>		
Street Address 161 Public Street			Street Address 161 Public Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Ernest Folcarelli <i>Ernest Folcarelli</i>			Treasurer Name Thomas A. Medici, Sr. <i>Thomas A. Medici Sr.</i>		
Street Address 161 Public Street			Street Address 161 Public Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ernest Folcarelli <i>Ernest Folcarelli</i>			Director Name Thomas A. Medici, Sr. <i>Thomas A. Medici Sr.</i>		
Street Address 161 Public Street			Street Address 161 Public Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	Class/Series	Par Value
			600	Common/A	No par value
			600	Common/B	No par value

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.

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.

*Thomas A. Medici Sr.* 2/24/12  
Signature Date  
Thomas A. Medici, Sr.  
Print or Type Name  
Vice President and Treasurer  
Title

<b>FILED</b>
File Date <u>MAR 01 2012</u>
Check No. <u>5064</u>
By: <u>BY</u>
FOR SECRETARY OF STATE USE ONLY