



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 14135		2. Exact name of the Corporation STEARNS TOOL COMPANY		
3. Principal office address 56 SPRAGUE STREET		City Providence	State R.I	Zip 02907
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Manufacturer of Tools, dies, fixtures, jewelry products, production of metal stampings.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Robert J. Stearns		Vice-President Name Robert J. Stearns, Jr.		
Street Address 111 Pettis Drive		Street Address 9 Vallient Drive		
City Warwick	State R.I	Zip 02886	City Coventry	Zip 02816
Secretary Name Dorothy A. Stearns		Treasurer Name Scott R. Stearns		
Street Address 111 Pettis Drive		Street Address 22 Fairview Avenue		
City Warwick	State R.I	Zip 02886	City Coventry	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		300	NO Par	Common
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 12 2013

By MME
CR # 11481

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.

Robert J. Stearns 2-5-2013
Signature of Authorized Representative Date

President
Print or Type Name of Authorized Representative
Robert J. Stearns