



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 2013

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. 92399		2. Name of Corporation DIVERSIFIED FASTENING SYSTEMS, INC.			
3. Street Address Principal Business Office 501 RICHINGS STREET			City CHARLES CITY	State IA	Zip 50616
4. Business Phone No. 641-228-1162		5. State of Incorporation IOWA			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE DISTRIBUTORS OF FASTENING HARDWARE PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAN CRAWFORD			Vice President Name ELLEN CRAWFORD		
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE		
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616
Secretary Name DAN CRAWFORD			Treasurer Name DAN CRAWFORD		
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE		
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAN CRAWFORD			Director Name ELLEN CRAWFORD		
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE		
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
10,000	COMMON	\$10.00	ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
100	PREFERRED	\$500.00	Number of Shares	Class/Series	Par Value
			2,100	COMMON	\$10.00
			-0-	PREFERRED	\$500.00

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.

FILED

APR 19 2013

File Date _____
Check No. **By** MNC
A CA # 82723
P CA # 82860
FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date 4-2-13
DAN CRAWFORD
Print or Type Name
PRESIDENT
Title