



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. 00159398		2. Exact name of the Corporation ADT/DIVERSITY INC			
3. Principal office address 5 NEW INDUSTRIAL WAY			City WARREN	State RI	Zip 02885
4. Business Phone No. 401 663-5882		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TOOL & DIE MANUFACTURING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ENZO LUCCIOLA			Vice-President Name		
Street Address 20 MEADOW VIEW BLVD			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name PINA LUCCIOLA			Treasurer Name ENZO LUCCIOLA		
Street Address 114 SAVOIE ST			Street Address 20 MEADOW VIEW BLVD		
City FALL RIVER	State MA	Zip 02720	City NORTH PROVIDENCE	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ENZO LUCCIOLA			Director Name		
Street Address 20 MEADOW VIEW BLVD			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5,000		0.01

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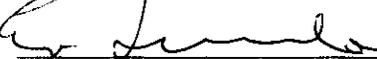
FILED

JUN 20 2013

By 49-199846

A. A.

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.

 03/21/2013
 Signature of Authorized Representative Date
ENZO LUCCIOLA
 Print or Type Name of Authorized Representative