

1. Entity ID No.

Form No. 630 Revised: 01/2012

## 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 2014

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

2. Exact name of the Corporation

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

74070	Madiso	Madison Cutting Tools, Inc.				
3. Principal office address 485 Narragansett Park Drive			City Pawtucket	State RI	Zip 02861	
4. Business Phone No. <b>729-0400</b>			5. State of Incorporation Rhode Island			
Manufacture, prod	uction and sale:	s conducted in Rhode Island s of machine equipm				
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT President Name Lars Floderus			Vice-President Name Edward R. Slader			
Street Address 61 Orchard Avenue			Street Address 1 Potter Avenue			
City Barrington	State RI	Zip <b>02806</b>	City Smithfield	State RI	7ip 02917	
Secretary Name Edward R. Slater			Treasurer Name Edward R. Slader			
Street Address  1 Potter Avenue			Street Address 1 Potter Avenue			
City <b>Smithfield</b>	State RI	Zip <b>02917</b>	City Smithfield	State <b>RI</b>	Zip <b>02917</b> (c)	
R LIST ALL DIRECTOR	S (NAMES AND AD	DRESSES) ("X" BOX FOR	ATTACHMENT)		<b>2</b> 00	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR A Director Name None			Director Name			
Street Address			Street Address 20 27			
City	State	Zip	City	State	ZE SS	
Director Name			Director Name	-	TATE B: 5	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)	
5. STATES AS THE TITLE OF THE T			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			150	Common	No par	
See Section 9 of instruc			4.45 16.45	-ameration is in the head	s of a receiver or trustee.	
This report must be exe	cuted on behalf of the this report m	e corporation by an authorize ust be executed on behalf o	tine corporation by the r Under penalty of D	ecoiver of trostee. ertury, I declare and affit	rm that I have examined	
File Date		A -	this report includi	ng any accompanying s ents contained herein a	chedules and statements	
Check No FILED				Jantone 2-14-2		
FOR SECRETARY OF STATE USE ONLY FEB 2 0 2014			Signature of Authorized Representative Date  Lars Floderus			
	STATE USE ONLY	217779		of Authorized Represent	ative	
Form No. 630	BY_64					