



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. <u>10691</u>		2. Exact name of the Corporation <u>Eagle Tool Inc</u>		
3. Principal office address <u>430 Kinsley Ave</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
4. Business Phone No. <u>401-421-5105</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>metal stamping</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Edward J Iannone Jr CEO</u>		Vice-President Name <u>Frank Iannucci Jr</u>		
Street Address <u>25 Signal Ridgeway</u>		Street Address <u>99 Hillside Drive</u>		
City <u>Pro</u>	State <u>RI</u>	Zip <u>02808</u>	City <u>N.Prov</u>	State <u>RI</u>
Secretary Name <u>Frank Iannucci Sr</u>		Treasurer Name <u>Frank Iannucci Sr</u>		
Street Address <u>97 Hillside Drive</u>		Street Address <u>97 Hillside Drive</u>		
City <u>N.Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>N.Prov</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Mary Iannucci</u>		Director Name <u>ETIA Iannone</u>		
Street Address <u>97 Hillside Drive</u>		Street Address <u>25 Signal Ridgeway</u>		
City <u>N.Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>E. Greenw</u>	State <u>RI</u>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
<u>100</u>				<u>\$ 1.00</u>
<u>600</u>				<u>\$ 1.00</u>

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

JUL 17 2014

BY 228627

10:02

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.

Edward J Iannone Jr 10/2/2013
 Signature of Authorized Representative Date
Edward J Iannone Jr C.E.O.
 Print or Type Name of Authorized Representative