

## 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.

		E THIS REPORT BY M		ULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No. 16176	Peacoc	2. Exact name of the Corporation Peacock Tool & Die Co., Inc.				
3. Principal office address 90 Arland Drive			City Pawtucket	State RI	Zip <b>02861</b>	
4. Business Phone No. 401-725-9619			5. State of Incorporati			
Brief description of the character of business conducted in Rhode Island			1	***************************************		
Manufacturer of Mac	hinery, Dies, 1	Tools, Parts of Mach	inery and Similar	Articles	<b>11</b>	
. LIST <u>ALL</u> OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR A			r ingerior allegan in	
President Name Earl Peacock			Vice-President Name Lyn Dougherty			
Street Address 90 Arland Drive			Street Address			
Dity Pawtucket	State RI	Zip <b>02861</b>	City Pawtucket	State RI	Zip 02861	
ecretary Name Nancy Bruzzi			Treasurer Name Earl Peacock			
Street Address 90 Arland Drive			Street Address 90 Arland Drive			
ity Pawtucket	State RI	Zip <b>02861</b>	City Pawtucket	State RI	Zip <b>02861</b>	
. LIST <u>all</u> directors (N	IAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Earl Peacock			Director Name  Lyn Dougherty			
Street Address 90 Arland Drive			Street Address 90 Arland Drive			
City Pawtucket	State RI	Zip <b>02861</b>	City Pawtucket	State RI	Zip <b>02861</b>	
Director Name Nancy Bruzzi			Director Name			
Street Address 90 Arland Drive			Street Address			
City Pawtucket	State RI	Zip 02861	City	State	Zip	
. SHARES AUTHORIZED	Nager 1		10. SHARES ISSUE	("X" BOX FOR ATTACH	IMENT)	
			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. See Section 9 of instruction sheet.		300	Common	No Par Value		
This report must be executed		corporation by an authorize	ed representative. If the	corporation is in the hand.	s of a receiver or trustee,	
		st be executed on behalf of	the corporation by the r	eceiver or trustee.		
File Date		5.74 <sub>1</sub> <b>FII F</b>	this report, including the states of p	erjury, I declare and affi ing any accompanying s ents contained herein a	rm that I have examined chedules and statemen re true and correct.	
Check No		:			7/18/2014	
By:	TENDANIV	22887	2014 Signature of Author	ized Representative President	Date	
FOR SECRETARY OF STA	I E VERYONLY	By C V VIII	<i></i>	of Authorized Benresent	ntison	

Form No. 630 Revised: 01/2012