



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.

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

| | | | | |
|---|--------------------|---|--------------------------|---------------------|
| 1. Entity ID No. 16176 | | 2. Exact name of the Corporation Peacock Tool & Die Co., Inc. | | |
| 3. Principal office address 90 Arland Drive | | City Pawtucket | State RI | Zip 02861 |
| 4. Business Phone No. 401-725-9619 | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island Manufacturer of Machinery, Dies, Tools, Parts of Machinery and Similar Articles | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name Earl Peacock | | Vice-President Name Lyn Dougherty | | |
| Street Address 90 Arland Drive | | Street Address 90 Arland Drive | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI |
| Secretary Name Nancy Bruzzi | | Treasurer Name Earl Peacock | | |
| Street Address 90 Arland Drive | | Street Address 90 Arland Drive | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name Earl Peacock | | Director Name Lyn Dougherty | | |
| Street Address 90 Arland Drive | | Street Address 90 Arland Drive | | |
| City Pawtucket | State RI | Zip 02861 | City Pawtucket | State RI |
| Director Name Nancy Bruzzi | | Director Name | | |
| Street Address 90 Arland Drive | | Street Address | | |
| City Pawtucket | State RI | Zip 02861 | 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 |
| | | 300 | Common | No Par Value |

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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: _____
 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.
 JUL 21 2014 3:42 pm FILED
 Signature of Authorized Representative: *Earl Peacock* Date: *7/18/2014*
 FOR SECRETARY OF STATE USE ONLY By: *228873* Earl Peacock, President
 Print or Type Name of Authorized Representative

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