



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 2012

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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 STATE
 DEPARTMENT OF REVENUE

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 _____

FILED 3:40 pm

Check No _____

By: _____

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FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Authorized Representative

Date

Earl Peacock, President

Print or Type Name of Authorized Representative

ICM