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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 2015

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.	2. Exact name of the Corporation		
13166	**Munroe Tool Co. Inc.**		
3. Principal office address: **134 Howard Street**	City: **Coventry**	State: **R.I.**	Zip: **02816**
4. Business Phone No.: **401-826-1040**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Tool Manufacturing**			

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SECRETARY OF STATE
CORPORATIONS DIV

7. LIST OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **David J. Munroe**			Vice-President Name: **Gail B. Munroe**		
Street Address: **458 Phillips Hill Road**			Street Address: **26 Chapel Street**		
City: **Coventry**	State: **R.I.**	Zip: **02816**	City: **Warwick**	State: **R.I.**	Zip: **02886**
Secretary Name: **Gail B. Munroe**			Treasurer Name: **David J. Munroe**		
Street Address: **26 Chapel Street**			Street Address: **458 Phillips Hill Road**		
City: **Warwick**	State: **R.I.**	Zip: **02886**	City: **Coventry**	State: **R.I.**	Zip: **02816**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **David J.Munroe**			Director Name: **Gail B. Munroe**		
Street Address: **458 Phillips Hill Road**			Street Address: **26 Chapel Street**		
City: **Coventry**	State: **R.I.**	Zip: **02816**	City: **Warwick**	State: **R.I.**	Zip: **02886**
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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.

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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: 1/14/15

David J. Munroe **President**
Print or Type Name of Authorized Representative

10.15

Form No. 630
Revised: 01/2012
115720-1-840807