



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

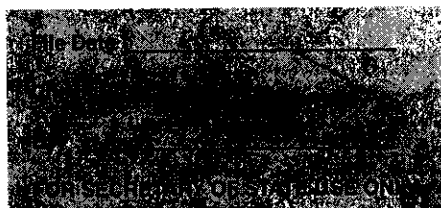
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 13166		2. Exact name of the Corporation 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					
7. OFFICERS (NAME AND ADDRESS) ("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. DIRECTORS (NAME AND ADDRESS) ("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 ☒ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒					
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	
		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.



FILED

JAN 15 2015

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10.15

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

David J. Munroe President

Print or Type Name of Authorized Representative

Date

1/14/15