



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. 43460		2. Exact name of the Corporation R&D Tool Engineering & Fairslide Production, Inc		
3. Principal office address 101 Libera St		City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 942-9710		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island To design and build Tools & Machinery				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Richard D. Campopiano		Vice-President Name Deborah L. Campopiano		
Street Address		Street Address 1640 Pippin Orchard Rd		
City	State	Zip	City	State
			Cranston	RI
Secretary Name Richard D. Campopiano		Treasurer Name Deborah L. Campopiano		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Richard D. Campopiano		Director Name Deborah L. Campopiano		
Street Address 1640 Pippin Orchard Rd		Street Address 1640 Pippin Orchard Rd		
City	State	Zip	City	State
Cran	RI	02921	Cran	RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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
		400 Shares	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

9056

Signature of Authorized Representative [Signature] Date 11/7/15
 Print or Type Name of Authorized Representative Deborah L. Campopiano