



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. 18690		2. Exact name of the Corporation L.D.B. TOOL and Findings	
3. Principal office address 2380 Plainfield Pike		City CRANSTON	State R.I.
4. Business Phone No. 401 944-6000		5. State of Incorporation	
6. Brief description of the character of business conducted in Rhode Island WIRE FORMING + METAL STAMPING			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name LORENZO DeBIASIO		Vice-President Name	
Street Address 9 ENFIELD ST		Street Address	
City JOHNSTON	State R.I.	Zip 02919	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name LORENZO DeBIASIO		Director Name	
Street Address 9 ENFIELD ST		Street Address	
City JOHNSTON	State R.I.	Zip 02919	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
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 600	CLASS/SERIES COMMON
		PAR VALUE 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: _____

FILED

JAN 23 2015

BY **9440**

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.

Lorenzo DeBiasio 1-20-15
 Signature of Authorized Representative Date

LORENZO DeBIASIO
 Print or Type Name of Authorized Representative