



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. 72824		2. Exact name of the Corporation Durant Tool Company, Inc.		
3. Principal office address 200 Circuit Drive		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-781-7800		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Ownership, leasing, and maintenance of real estate				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Edward W. Bouclin, Jr.		Vice-President Name		
Street Address 200 Circuit Drive		Street Address		
City North Kingstown	State RI	Zip 02852	City	State
Secretary Name Edward W. Bouclin, Jr.		Treasurer Name Edward W. Bouclin, Jr.		
Street Address 200 Circuit Drive		Street Address 200 Circuit Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		200	Common	No Par

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

FILED

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BY

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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

Edward W. Bouclin, Jr.

Print or Type Name of Authorized Representative

Date

2/26/15