



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. 61743		2. Exact name of the Corporation Tabok Manufacturing Inc.	
3. Principal office address 52 Hartford Pike		City Foster	State RI
4. Business Phone No. 401-647-5303		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Property Mgt.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name William J. Tabok		Vice-President Name William J. Tabok	
Street Address 52 Hartford Pike		Street Address same	
City Foster	State RI	City Foster	State RI
Secretary Name William J. Tabok		Treasurer Name Susan S. Tabok	
Street Address same		Street Address same	
City Foster	State RI	City Foster	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
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
		1,000	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: _____

FOR SECRETARY OF STATE USE ONLY BY **66661**

FILED

MAR 05 2015

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.

Susan S. Tabor
Signature of Authorized Representative

3/3/15
Date

Susan S. Tabor
Print or Type Name of Authorized Representative
Treasurer

3/3/15