



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 4800		2. Name of Corporation COOK HAMMER COMPANY, INC.			
3. Street Address Principal Business Office 47 Manson Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-461-4242		5. State of Incorporation RHODE ISLAND			6. SIC Code 1057
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE OF TOOLS, HAMMERS, DYES AND MOLDS, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas J. Malone			Vice President Name None		
Street Address 174 Andrew Comstock Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Thomas J. Malone			Treasurer Name Dennis A. Malone		
Street Address 174 Andrew Comstock Road			Street Address 174 Andrew Comstock Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas J. Malone			Director Name		
Street Address 174 Andrew Comstock Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date	FILED
Check No.	FEB 10 2004
By	By [Signature]
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.

Signature of Officer Thomas J. Malone	Date 1/30/04
Print or Type Name of Officer Thomas J. Malone	
Title of Officer President	