STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED 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
Any lawful purpose & manufacture of hammers, tools, dyes & molds.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Thomas J. Malone
Street Address 174 Andrew Comstock Road
City Warwick *State* RI *Zip* 02886

Vice President Name none
Street Address
City *State* *Zip*

Secretary Name Thomas J. Malone
Street Address 174 Andrew Comstock Road
City Warwick *State* RI *Zip* 02886

Treasurer Name Dennis A. Malone
Street Address 174 Andrew Comstock Road
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
Street Address 174 Andrew Comstock Road
City Warwick *State* RI *Zip* 02886

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	no par

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

[redacted] [redacted]

* 4 8 0 0 *

File Date: 3/18/02

Check No.: 5604

By: TB

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Thomas J. Malone 2/25/02
Signature of Officer *Date*

Thomas J. Malone
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01