



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(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 and manufacture of hammers, tools, dyes and molds.**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

**Thomas J. Malone**

Street Address

**174 Andrew Comstock Road**

City

State

Zip

**Warwick**

**RI**

**02886**

Secretary Name

**Thomas J. Malone**

Street Address

**174 Andrew Comstock Road**

City

State

Zip

**Warwick**

**RI**

**02886**

Vice President Name

**None**

Street Address

City

State

Zip

Treasurer Name

**Dennis A. Malone**

Street Address

**174 Andrew Comstock Road**

City

State

Zip

**Warwick**

**RI**

**02886**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

**Thomas J. Malone**

Street Address

**174 Andrew Comstock Road**

City

State

Zip

**Warwick**

**RI**

**02886**

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 VAL**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**No**

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



\* 4 8 0 0 \*

File Date: 3/16

Check No.: 2053

By: KID

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.

Thomas J. Malone Jr. 3/3/98  
Signature of Officer Date

**Thomas J. Malone**

Print or Type Name of Officer

**President**

Title of Officer