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.	2. Name of Corporation		
15200	KENYON TOOL, INC.		
3. Street Address Principal Business Office: 161 Public Street	City: Providence	State: RI	Zip: 02903
4. Business Phone No.: 421-9288	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 1883

7. Brief Description of the Character of Business Conducted in Rhode Island: TOOLMAKING

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

President Name	Street Address	City	State	Zip
Ernest Folcarelli	161 Public Street	Providence	RI	02903

Vice President Name	Street Address	City	State	Zip
Thomas A. Medici	161 Public Street	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Ernest Folcarelli	161 Public Street	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Thomas A. Medici	161 Public Street	Providence	RI	02903

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Ernest Folcarelli	161 Public Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Thomas A. Medici	161 Public Street	Providence	RI	02903

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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*
1,200 COMM NO PAR VALUE			600 600	common A common B	no par no par

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

[redacted]

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FILED

File Date _____

Check No. APR 14 2004

By: By 45921 Cash

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 A. Medici 4/2/2004

Signature of Officer *Date*

Thomas A. Medici

Print or Type Name of Officer

[redacted] Vice President

Title of Officer

Form 630 Rev. 12/03