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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 15200

2. Name of Corporation 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 Ernest Folcarelli
Street Address 161 Public Street
City Providence *State* RI *Zip* 02903

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

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

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

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

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

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

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*
1,200	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	common A	no par
600	common B	no par

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

* 1 5 2 0 0 *

File Date: 3-6-03

Check No.: 47869

By: ICP

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 A. Medici 2/26/03
Signature of Officer *Date*

Thomas A. Medici
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/02