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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

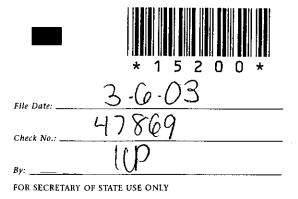
STOP PLEASE READ INSTRUCTIONS

Filing Period: Januar	ry 1-March 1 •	Filing Fee: \$50.00			INSTR
FORM MUST BE TYPED OR PRI			14. ·		
1. Corporate ID No.	2. Name of Corpore				
15200 3. Street Address Principal Busine	KENYON TO	DOL, INC.	City	State	Zip
161 Public St 4. Business Phone No.	reet	S. State of Incorporation	Providence	RI	02903 6. SIC Code
421-9288 Brief Description of the Character of Business Conducted		RHODE ISLAND in Rhode Island			1883
Toolmaking 8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
Ernest Folcar Street Address	celli		Thomas A. Medici Street Address		
161 Public St	reet		l61 Public Street	- -	
Providence	State RI	^{Zip} 02903	_{City} Providence	State RI	zip . 02903
Secretary Name			Treasurer Name	·	• •
Ernest Folcar	celli		Thomas A. Medici Street Address		
161 Public St	reet		161 Public Street	:	
City	State	Zip	City	State	Zip
Providence D. NAMES AND ADDRE	RI SSES OF THE DIRI	02903 FCTORS ("Y" BOX FOR AT	Providence	RI B efore using a tt	02903
Director Name	SSES OF THE DIK	LCTORS (A BOATORAL	Director Name	DEFORE USEND ATT	ACILVIENTS
Ernest Folcar	elli	. *	Thomas A. Medici Street Address		
161 Public St	reet		161 Public Street	:	
lity	State	Zip	City	State	Zip
Providence Director Name	RI	02903	Providence Director Name	RI	02903
treet Address			Street Address		
lity	State	Zip	City	State	Zip
O. SHARES AUTHORIZI	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHMENT	r) · · · ·
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
					· ·

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

600

600



1,200 COMM NO PAR VALUE

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.

common A

common B

Lymas A: Misler 2/26/03
Signature of Officer Date

Thomas A. Medici
Print or Type Name of Officer

Vice President

Title of Officer
5

Form 630 12/02

no par

no par