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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
15200	KENYON TOOL, INC.

3. Street Address Principal Business Office	City	State	Zip
161 Public Street	Providence	RI	02903

4. Business Phone No.	5. State of Incorporation	6. SIC Code
421-9288	RHODE ISLAND	1883

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

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*
1200 SHS NO PAR COM		

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

[redacted]

15200

File Date: 9-17-01

Check No.: 47712

By: a

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.

Ernest Folcarelli 1/24/2001
Signature of Officer *Date*

Ernest Folcarelli
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00