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
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED 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*
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: 3.1.99
Check No.: 47132
By: WP
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/ 1/11/99
Signature of Officer *Date*

Ernest Folcarelli
Print or Type Name of Officer

President
Title of Officer