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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(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. (401) 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 METAL STAMPING WIRE FORMING JEWELRY RELATED

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

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)*

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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1200 SHS NO PAR COM			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] [barcode] *1 5 2 0 0 *

File Date: 1/21/97
Check No.: 45121
By: JB
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.

X Ernest Folcarelli 1/9/97
Signature of Officer *Date*

Ernest Folcarelli
Print or Type Name of Officer

President
Title of Officer