



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 92399		2. Exact name of the Corporation DIVERSIFIED FASTENING SYSTEMS, INC.			
3. Principal office address 501 RICHINGS STREET			City CHARLES CITY	State IA	Zip 50616
4. Business Phone No. 641-228-1162		5. State of Incorporation IOWA			
6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTORS OF FASTENING HARDWARE PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TOBY CRAWFORD			Vice-President Name ELLEN CRAWFORD		
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE		
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616
Secretary Name TREVOR CRAWFORD			Treasurer Name TREVOR CRAWFORD		
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE		
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAN CRAWFORD			Director Name ELLEN CRAWFORD		
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE		
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,100	COMMON	\$10.00
			-0-	PREFERRED	\$500.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 16 2016

By KL 88439

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.

Signature of Authorized Representative

Date

TOBY CRAWFORD, PRESIDENT

Print or Type Name of Authorized Representative