



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.<br><b>75189</b>                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>C &amp; L TOOL INC.</b> |                                                                     |                    |                     |
| 3. Principal office address<br><b>1454 MAIN ST</b>                                                                                                            |                    | City<br><b>W WARWICK</b>                                       |                                                                     | State<br><b>RI</b> | Zip<br><b>02893</b> |
| 4. Business Phone No.<br><b>401-826-7110</b>                                                                                                                  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>               |                                                                     |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>MANUFACTURING OF MACHINE PARTS</b>                                          |                    |                                                                |                                                                     |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                  |                    |                                                                |                                                                     |                    |                     |
| President Name<br><b>CRAIG G RATTE</b>                                                                                                                        |                    |                                                                | Vice-President Name<br><b>LORI L TINGLEY SMITH</b>                  |                    |                     |
| Street Address<br><b>142 HARLEY STREET</b>                                                                                                                    |                    |                                                                | Street Address<br><b>169 ARNOLDS NECK DRIVE</b>                     |                    |                     |
| City<br><b>COVENTRY</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02816</b>                                            | City<br><b>WARWICK</b>                                              | State<br><b>RI</b> | Zip<br><b>02886</b> |
| Secretary Name<br><b>SAME AS ABOVE</b>                                                                                                                        |                    |                                                                | Treasurer Name<br><b>SAME AS ABOVE</b>                              |                    |                     |
| Street Address                                                                                                                                                |                    |                                                                | Street Address                                                      |                    |                     |
| City                                                                                                                                                          | State              | Zip                                                            | City                                                                | State              | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                 |                    |                                                                |                                                                     |                    |                     |
| Director Name                                                                                                                                                 |                    |                                                                | Director Name                                                       |                    |                     |
| Street Address                                                                                                                                                |                    |                                                                | Street Address                                                      |                    |                     |
| City                                                                                                                                                          | State              | Zip                                                            | City                                                                | State              | Zip                 |
| 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.<br>See Section 9 of instruction sheet. |                    |                                                                | NUMBER OF SHARES                                                    | CLASS/SERIES       | PAR VALUE           |
|                                                                                                                                                               |                    |                                                                | 1000                                                                |                    | NONE                |
|                                                                                                                                                               |                    |                                                                |                                                                     |                    |                     |

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

Form No. 630  
Revised: 01/2012

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.

**FILED**

**FEB 16 2016**

**BY**

**10337 DS**

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative