



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. 13659		2. Exact name of the Corporation URSHEL TOOL CO.			
3. Principal office address 43 Navaho Street		City Cranston		State RI	Zip 02907
4. Business Phone No. (401) 944-0600		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacturing, buying, selling and dealing in jewelers' metals and supplies and hardware of all kinds.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert J. Ursillo			Vice-President Name Robert J. Ursillo		
Street Address 33 1/2 Lincoln Avenue			Street Address 33 1/2 Lincoln Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Carol A. Mancini			Treasurer Name Robert J. Ursillo		
Street Address 1065 Park Avenue			Street Address 33 1/2 Lincoln Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert J. Ursillo			Director Name NONE		
Street Address 33 1/2 Lincoln Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			15	COMMON	NO PAR

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.

Carol A. Mancini 1-15-2016
Signature of Authorized Representative Date

Carol A. Mancini

Print or Type Name of Authorized Representative

FILED

FEB 16 2016

By 11267755