



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. 12640		2. Exact name of the Corporation ELMCO TOOL COMPANY			
3. Principal office address 3 Peter Street			City Bristol	State RI	Zip 02809
4. Business Phone No.			5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island machine shop					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lori A. Elmslie			Vice-President Name Lori A. Elmslie		
Street Address 7 Stony Brook Drive			Street Address see president		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name Lori A. Elmslie			Treasurer Name Lori A. Elmslie		
Street Address see above			Street Address see above		
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. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	CNP	no par

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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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: _____

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.

Lori Elmslie 8/9/16
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Lori Elmslie, President
 Print or Type Name of Authorized Representative

FILED
AUG 11 2016
 By 281055
A.A.