



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. 82053		2. Exact name of the Corporation L.D.B. SCREW MACHINE CO., INC		
3. Principal office address 2380 Plainfield Pike		City CRANSTON	State R.I.	Zip 02921
4. Business Phone No. 401-944-6000		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island METAL TURNING				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name LORENZO DeBiasio		Vice-President Name NONE		
Street Address 9 ENFIELD ST		Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State Zip
Secretary Name		Treasurer Name		
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 LORENZO DeBiasio		Director Name NONE		
Street Address 9 ENFIELD ST		Street Address		
City JOHNSTON	State R.I.	Zip 02919	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
		500	COMMON	NO PAR VALUE

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

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.

Soren DeBiasio 8-8-16
 Signature of Authorized Representative Date

LORENZO DeBiasio
 Print or Type Name of Authorized Representative

FILED

AUG 12 2016

BY 9803
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