



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

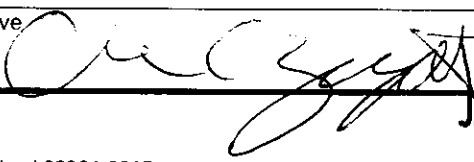
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 55448		2. Exact name of the Corporation American International Tool Industries, Inc.			
3. Principal Office Address 99 Calder Street		City Cranston		State RI	Zip 02920
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Sell Power and Hand Tools				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles C. Zayat		Vice-President Name Victoria A. Zayat			
Street Address 99 Calder Street		Street Address 99 Calder Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Victoria A. Zayat		Treasurer Name Charles C. Zayat			
Street Address 99 Calder Street		Street Address 99 Calder Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles C. Zayat		Director Name Victoria A. Zayat			
Street Address 99 Calder Street		Street Address 99 Calder Street			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1000	CLASS/SERIES Common Stock	PAR VALUE No Par	
11. 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. 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.					
Name of Authorized Representative Charles C. Zayat				Date January 11, 2017	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

JAN 13 2017

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FORM 630 - Revised: 10/2016