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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

		ot filed by April 1.					
1. Entity ID Number 55448		2. Exact name of the Corporation American International Tool Industries, Inc.					
3. Principal Office Address			City		State	State Zip	
99 Calder Street			Cranston		RI	02920	
			cter of business conducted in Rhode Island				
31-33 - Manufacturing	Sell Power	and Hand Tools					
5. State of Incorporation Rhode Island	,						
7. List ALL officers (names a	and addresses)			Check	the box to in	dicate an attachment	
President Name Charles C. Z			Vice-Presiden	t Name Victoria A. Za	nyat		
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 inc	dicate an attachment 🔲	
Director Name Charles C. Za	yat		Director Name	Victoria A. Zayat			
Street Address 99 Calder Stre	eet	<u></u>	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		10. Shares Iss				dicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES Common Stock		PAR VALUE	
		1000	1000		<u> </u>	No Par	
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	entative. If the corno	ration is in the	a hands of a receiver or	
trustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or tru	ustee.			
Under penalty of perjury, I ostatements, and that all sta	declare and affirm (tements contained	hat i have examin herein are true ar	ed this report, in ad correct.	ncluding any accom	panying sch	nedules and	
Name of Authorized Represe		Date					
Charles C. Zayat		January 11, 2017					
Signature of Authorized Repr	resentative		Vat	FILED	-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov