



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

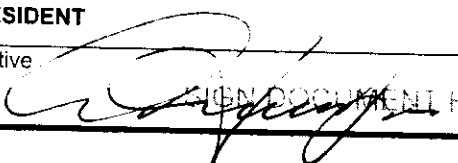
→ Filing Fee: \$50.00

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

FILED

JAN 23 2017

BY 11967

1. Entity ID Number 32110		2. Exact name of the Corporation APAC TOOL, INC	
3. Principal Office Address 49 HURDIS STREET		City NORTH PROVIDENCE	State RI
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island TOOLS AND JEWELRY MANUFACTURING	
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 ANTHONY SQUILLACCI, JR.		Vice-President Name NONE	
Street Address 33 WINSOR ROAD		Street Address	
City FOSTER	State RI	City	State
Zip 02825		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ANTHONY SQUILLACCI, SR.		Director Name ANTHONY SQUILLACCI, JR.	
Street Address 53 DOROTHY AVENUE		Street Address 33 WINSOR ROAD	
City PROVIDENCE	State RI	City FOSTER	State RI
Zip 02904		Zip 02835	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 100	CLASS/SERIES COMMON
		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 ANTHONY SQUILLACCI, JR. PRESIDENT		Date 1/17/2017	
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