



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 091913

1. Entity ID Number <u>43468</u>		2. Exact name of the Corporation <u>R 2 D Tool Engineering & Fourslide Production Inc</u>	
3. Principal Office Address <u>101 Libera St</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>31-33</u>	6. Brief description of the character of business conducted in Rhode Island <u>To design and build tools & Machinery</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Richard D. Campopiano</u>		Vice-President Name <u>Deborah L. Campopiano</u>	
Street Address <u>1640 Pippin Orchard Rd</u>		Street Address <u>1640 Pippin Orchard Rd</u>	
City <u></u>	State <u></u>	City <u>Cran</u>	State <u>RI</u>
		Zip <u>02920</u>	
Secretary Name <u>Richard D. Campopiano</u>		Treasurer Name <u>Deborah L. Campopiano</u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
		Zip <u></u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Richard D. Campopiano</u>		Director Name <u>Deborah L. Campopiano</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
		Zip <u></u>	
Director Name <u></u>		Director Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
		Zip <u></u>	
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 <u>400 Shares</u>	CLASS/SERIES <u>Common</u>
		PAR VALUE <u>No Par Value</u>	
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 <u>Richard Campopiano</u>		Date <u>1/17/17</u>	
Signature of Authorized Representative <u>[Signature]</u>			