



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> | | | |