



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 <u>11904</u>		2. Exact name of the Corporation <u>TBI-BRO TOOL CO., INC</u>			
3. Principal Office Address <u>1370 Elmwood Ave</u>			City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02910</u>
4. NAICS Code <u>31-33</u>		6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURER</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>THOMAS M. WALSH</u>			Vice-President Name <u>ROBERT WALSH</u>		
Street Address <u>26 POCOCK DR.</u>			Street Address <u>350 CONDO HILL RD.</u>		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02885</u>	City <u>SAUNDERSTOWN</u>	State <u>R.I.</u>	Zip <u>02874</u>
Secretary Name <u>MARGARET MULLER</u>			Treasurer Name <u>THOMAS WALSH (AS ABOVE)</u>		
Street Address <u>6982 So. Bryant St.</u>			Street Address		
City <u>LITTLETON</u>	State <u>CO</u>	Zip <u>80120</u>	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>NONE</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>440</u>	CLASS/SERIES <u>COM.</u>	PAR VALUE <u>NO PAR</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>Thomas M. Walsh</u>					Date <u>1/23/17</u>
Signature of Authorized Representative <u>Thomas M. Walsh</u>					

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

FILED
 JAN 25 2017
 BY 26217 DS