



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 10691		2. Exact name of the Corporation Eagle Tool Inc			
3. Principal Office Address 430 Kinsley Ave		City Providence		State RI	Zip 02909
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Metal Stamping				
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 Edward J Iannone, Jr CEO			Vice-President Name Frank Iannucci Jr		
Street Address 25 Signal Ridge Way			Street Address 99 Hillside Dr		
City East Greenwich	State RI	Zip 02818	City North Providence	State RI	Zip 02911
Secretary Name Frank Iannucci Sr			Treasurer Name Frank Iannucci Sr		
Street Address 97 Hillside Dr			Street Address 97 Hillside Dr		
City North Providence	State RI	Zip 02911	City North providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Etta Iannone			Director Name		
Street Address 25 Signal Ridge Way			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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		CLASS/SERIES	
		PAR VALUE			
		100	A (Voting)	1.00	
		600	B (Non-Voting)	1.00	
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 Edward J Iannone Jr				Date 1/23/17	
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

JAN 27 2017

By 35221

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FORM 630 - Revised: 10/2016