



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.

STAMP

1. Entity ID Number 33623		2. Exact name of the Corporation Cutlass Fasteners, Inc.			
3. Principal Office Address 83 Vermont Avenue, Unit 6			City Warwick	State RI	Zip 02888
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Stud welding equipment			
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 David J. Green			Vice-President Name Lindsay D. Green		
Street Address 83 Vermont Avenue, Unit 6			Street Address 83 Vermont Avenue, Unit 6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name David J. Green			Treasurer Name David J. Green		
Street Address 83 Vermont Avenue, Unit 6			Street Address 83 Vermont Avenue, Unit 6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. Green			Director Name		
Street Address 83 Vermont Avenue, Unit 6			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	Common	No Par Value
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 David J. Green, President					Date 2/7/17
Signature of Authorized Representative <i>David Green</i>			SIGN DOCUMENT HERE FEB 10 2017		

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