



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 7969		2. Exact name of the Corporation SALVADORE TOOL & FINDINGS, INC.		
3. Principal Office Address 24 Althea Street		City Providence	State RI	Zip 02907
4. NAICS Code 42 - Wholesale Trade	6. Brief description of the character of business conducted in Rhode Island Manufacturing jewelry findings.			
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. Salvatore		Vice-President Name Steven M. Salvatore		
Street Address 24 Althea Street		Street Address 24 Althea Street		
City Providence	State RI	Zip 02907	City Providence	State RI
Secretary Name David J. Salvatore		Treasurer Name Steven M. Salvatore		
Street Address 24 Althea Street		Street Address 24 Althea Street		
City Providence	State RI	Zip 02907	City Providence	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name David J. Salvatore		Director Name Steven M. Salvatore		
Street Address 24 Althea Street		Street Address 24 Althea Street		
City Providence	State RI	Zip 02907	City Providence	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		264	Class A Common	\$1 par value
		1636	Class B Common	\$1 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. Salvatore			Date 2/13/2017	
Signature of Authorized Representative 				

FEB 23 2017

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