



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 13659		2. Exact name of the Corporation URSCHEL TOOL CO.		
3. Principal Office Address 43 NAVAHO STREET		City CRANSTON	State RI	Zip 02907
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING, BUYING, SELLING AND DEALING IN JEWELERS' METALS AND SUPPLIES AND HARDWARE OF ALL KINDS.		
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 ROBERT J. URSILLO		Vice-President Name ROBERT J. URSILLO		
Street Address 33 1/2 LINCOLN AVENUE		Street Address 33 1/2 LINCOLN AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
Secretary Name CAROL A. MANCINI		Treasurer Name ROBERT J. URSILLO		
Street Address 1065 PARK AVENUE		Street Address 33 1/2 LINCOLN AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name ROBERT J. URSILLO		Director Name		
Street Address 33 1/2 LINCOLN AVENUE		Street Address		
City CRANSTON	State RI	Zip 02920	City	State
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		
		NUMBER OF SHARES 15	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 CAROL A. MANCINI				Date 1-16-2017
Signature of Authorized Representative 				

FEB 24 2017

BY

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