



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**

FOR

1. Entity ID Number <b>13523</b>		2. Exact name of the Corporation <b>THE SPRING STEEL FASTENER CO., INC.</b>			
3. Principal Office Address <b>299 Allens Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>42 - Wholesale Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale of industrial fasteners</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Terry Tobias</b>			Vice-President Name		
Street Address <b>12 Tall Pine Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Linda G. Mernan</b>			Treasurer Name		
Street Address <b>22 John Scott Lane</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Terry Tobias</b>			Director Name		
Street Address <b>12 Tall Pine Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES      CLASS/SERIES      PAR VALUE		
			<b>100      Class A Common      \$1.00 Par</b>		
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. <b>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.</b>					
Name of Authorized Representative <b>Terry J. Tobias</b>				Date <b>2-8-2017</b>	
Signature of Authorized Representative 				<b>SIGN DOCUMENT HERE</b>	

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

**FILED**

**MAR 02 2017**

**1551**

FORM 630 - Revised 10-2016