



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 12640		2. Exact name of the Corporation ELMCO TOOL COMPANY			
3. Principal Office Address 3 PETER ROAD			City BRISTOL	State RI	Zip 02809
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island MACHINE SHOP			
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 LORI A. ELMSLIE			Vice-President Name LORI A ELMSLIE		
Street Address 7 STONEY BROOK DRIVE			Street Address 7 STONEY BROOK DRIVE		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
Secretary Name LORI A ELMSLIE			Treasurer Name LORI A ELMSLIE		
Street Address 7 STONEY BROOK DRIVE			Street Address 7 STONEY BROOK DRIVE		
City LITTLE COMPTON	State RI	Zip 02837	City LITTLE COMPTON	State RI	Zip 02837
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
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 LORI ELMSLIE, PRESIDENT				Date 2-27-17	
Signature of Authorized Representative <i>Lori Elmslie</i>				FILED MAR 02 2017	

MAIL TO:

Division of Business Services

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