

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
13166	Munroe	Munroe Tool Co. Inc.				
3. Principal office address 134 Howard Street			City Coventry	State R.I.	Zip 02816	
4. Business Phone No. 401-826-1040			5. State of Incorporation Rhode Island	n	= OR	
<ol><li>Brief description of the character</li></ol>		conducted in Rhode Island			POR SEC	
Engaged in the busine	ess of Tool I	flanufacturing (	39999)		ATIO ATIO	
7. LIST ALL OFFICERS (NAM	IES AND ADDF	ESSES) ("X" BOX FOR AT			3 3 3 5 5	
President Name David J. Munroe			Vice-President Name David J. Munroe			
Street Address 458 Phillips Hill Road			Street Address 458 Phillips Hill Road			
City Coventry	State R.I.	Zip <b>02816</b>	City Coventry	State R.I.	Zip 02816	
Secretary Name David J. Munroe			Treasurer Name David J. Munroe			
Street Address 458 Phillips Road			Street Address 458 Phillips Hill Road			
City Coventry	State R.I.	Zip <b>02816</b>	City Coventry	State R.I.	Zip <b>02816</b>	
8. LIST ALL DIRECTORS (N.	AMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name David J. Munroe		-	Director Name			
Street Address 458 Phillips Hill Road			Street Address			
City Coventry	State R.I.	Zip <b>02816</b>	City	State	Zīp	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.  See Section 9 of instruction sheet.			100	Common	No Par Value	
This report must be executed	on behalf of the this report m	o corporation by an authorize st be executed on behalf o	ed representative. If the c I the corporation by the re	orporation is in the hands aceiver or trustee.	of a receiver or trustee.	
File Date	· · · -		this report, includin	erjury, I declare and affiring any accompanying so ents contained herein ar	hedules and statements:	
Check No FILED			1/16/18			
<sub>l.,</sub> By:			Signature of Author		Date	
FOR SECRETARY OF STA	TE USE ONLY	JAN 1 6 2018	David J. Munro			
Form No. 630 Revised: 01/2012		221787	Print or Type Name	of Authorized Representa	anse.	