RI SOS Filing Number: 201857079890 Date: 1/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

STAMP

|               | •      |         |           |     |       |   |
|---------------|--------|---------|-----------|-----|-------|---|
| $\rightarrow$ | Filing | period: | January 1 | ı`_ | March | 1 |

→ Filing Fee: \$50.00

| → Penalty: Additional \$25.0                                       |                                   |  |   | <u> </u>                |               |                            |  |  |  |  |
|--|-----------------------------------|--|---|-------------------------|---------------|----------------------------|--|--|--|--|
| Entity ID Number   |                                   | 2. Exact name of the Corporation   |   |                         |               |                            |  |  |  |  |
| 4477   | COLONI                            | COLONIAL MACHINE & TOOL CO., INC.  |   |                         |               |                            |  |  |  |  |
| Principal Office Address   |                                   |  | City                                    |                         | State         | Zip                        |  |  |  |  |
| 5 Salvas Avenue  |                                   |  | Coventry                                |                         | RI            | 02816                      |  |  |  |  |
| 4. NAICS Code 31-33 5. State of Incorporation                      |                                   | Brief description of the character of business conducted in Rhode Island     Machine tool business |   |                         |               |                            |  |  |  |  |
| Rhode Island   |                                   |  |   |                         |               |                            |  |  |  |  |
| 7. List ALL officers (names and a                                  | addresses)                        |  | Check the box to indicate an attachment |                         |               |                            |  |  |  |  |
| President Name Harry Masiello                                      |                                   |  | Vice-President Name<br>Linda Masiello   |                         |               |                            |  |  |  |  |
| Street Address 10 Peninsula Co                                     | Street Address 10 Peninsula Court |  |   |                         |               |                            |  |  |  |  |
| City Coventry  | State RI                          | Zip 02816  | City Covent                             |                         | State RI      | <sup>Zip</sup> 02816       |  |  |  |  |
| Secretary Name<br>Linda Masiello                                   | Treasurer Name Harry Masiello     |  |   |                         |               |                            |  |  |  |  |
| Street Address 10 Peninsula Court                                  |                                   |  | Street Address 10 Peninsula Court       |                         |               |                            |  |  |  |  |
| City Coventry  | State RI                          | <sup>Zip</sup> 02816   | City Coventry                           |                         | State RI      | <sup>Zip</sup> 02816       |  |  |  |  |
| 8. List ALL directors (names and                                   | addresses)                        |  |   | Check                   | the box to    | indicate an attachment 🔲   |  |  |  |  |
| Director Name  |                                   |  | Director Name                           | •                       |               |                            |  |  |  |  |
| Street Address   |                                   |  | Street Address                          |                         |               |                            |  |  |  |  |
| City   | State                             | Zip  | City                                    |                         | State         | Zip                        |  |  |  |  |
| Director Name  | Director Name                     |  |   |                         |               |                            |  |  |  |  |
| Street Address   | Street Address                    |  |   |                         |               |                            |  |  |  |  |
| City   | State                             | Zıp  | City                                    |                         | State         | Zip                        |  |  |  |  |
| 9. Shares Authorized   |                                   | 10. Shares Iss   | l                                       | Check                   | the box to    | ndicate an attachment      |  |  |  |  |
| This information is currently of re                                | cord in the                       |  | NUMBER OF SHARES                        |                         | S             | PAR VALUE                  |  |  |  |  |
| Department of State.   |                                   | 4000   |   | Common                  |               | No Par Value               |  |  |  |  |
| Changes require an additional filing.                              |                                   |  |   |                         |               |                            |  |  |  |  |
| 11. This report must be executed                                   | on behalf of the                  | corporation by an a  | authorized repres                       | sentative. If the corpo | oration is in | the hands of a receiver or |  |  |  |  |
| trustee, this report must be exec                                  | uted on behalf of                 | f the corporation by   | the receiver or tr                      | rustee.                 |               |                            |  |  |  |  |
| Under penalty of perjury, I dec<br>statements, and that all staten |                                   |  |   | ncluding any accor      | npanying s    | chedules and               |  |  |  |  |
| Name of Authorized Representa                                      |                                   | i ilerem are true an   | o correct.                              |                         | Date          |                            |  |  |  |  |
| HARRY J MASIE/10. 1-22-18  |                                   |  |   |                         |               |                            |  |  |  |  |
| Signature of Authorized Represe                                    | entative                          | A BIGN DO  | COMENT HERE                             | FILED                   |               |                            |  |  |  |  |
| MAIL TO:   | Maria.                            |  |   |                         |               |                            |  |  |  |  |

Division of Business Services

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

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