State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

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	2. Exact name of the Corporation		
4477	**COLONIAL MACHINE & TOOL CO., INC.**		
3. Principal Office Address: **5 Salvas Avenue**	City: **Coventry**	State: **RI**	Zip: **02816**
4. NAICS Code: **31-33** 332710	6. Brief description of the character of business conducted in Rhode Island: **Machine tool business**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Harry Masiello**			Vice-President Name: **Linda Masiello**		
Street Address: **10 Peninsula Court**			Street Address: **10 Peninsula Court**		
City: **Coventry**	State: **RI**	Zip: **02816**	City: **Coventry**	State: **RI**	Zip: **02816**
Secretary Name: **Linda Masiello**			Treasurer Name: **Harry Masiello**		
Street Address: **10 Peninsula Court**			Street Address: **10 Peninsula Court**		
City: **Coventry**	State: **RI**	Zip: **02816**	City: **Coventry**	State: **RI**	Zip: **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	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	4000	**Common**	**No 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	Date
Harry J Masiello Jr.	1-22-18

Signature of Authorized Representative: Harry J Masiello SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY 12800 DS

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

FORM 630 - Revised: 10/2017