



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 <b>10911</b>		2. Exact name of the Corporation <b>TOOLCRAFT/RUMART, INC.</b>	
3. Principal Office Address <b>787 Hartford Avenue</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02911</b>	
4. NAICS Code <b>332119</b>		6. Brief description of the character of business conducted in Rhode Island <b>Metal Stampings</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>Joseph Bertoldi</b>		Vice-President Name <b>Anthony Bertoldi</b>	
Street Address <b>50 Regina Drive</b>		Street Address <b>9 Fair Oaks Lane</b>	
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Greenville</b>
			State <b>RI</b>
			Zip <b>02828</b>
Secretary Name <b>Debra L. Bertoldi</b>		Treasurer Name <b>Joseph Bertoldi</b>	
Street Address <b>50 Regina Drive</b>		Street Address <b>50 Regina Drive</b>	
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Scituate</b>
			State <b>RI</b>
			Zip <b>02857</b>
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>Joseph Bertoldi</b>		Director Name	
Street Address <b>50 Regina Drive</b>		Street Address	
City <b>Scituate</b>	State <b>RI</b>	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES      CLASS/SERIES      PAR VALUE	
		<b>2</b>	<b>CLASS A</b> <b>NO PAR</b>
		<b>98</b>	<b>CLASS B</b> <b>NO 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>JOSEPH BERTOLDI, PRESIDENT</b>			Date <b>1-19-2018</b>
Signature of Authorized Representative <i>Joseph Bertoldi</i>			<b>FILED</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

**FILED**  
**JAN 29 2018**  
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