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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

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

Phone: (401) 222-3040

Website: www.sos.n.gov

- → Filing period: January 1 March 1
- → Filing Fee \$50.00

→ Penalty: Additional \$25.00 fe	ee if form is not f	iled by April 1.					
Entity ID Number	2. Exact name of the Corporation						
13757.6	NAU	Toolsof.	21 £ co.				
3. Principal Office Address			City		State	Zıp	
1/6 Avoidals			Westerly		157	0;	2891
1.531110	6. Brief descript		of business conducte		land		
5. State of Incorporation	Kon	Roal Estata Holding					
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name ANiel A. King			Vice-President Name				
Street Address Rendale Rend			Street Address				
(Mostra)	State	ON RO	City		State	Zip	
Secretary Name	Treasurer Name Avich A ling						
Street Address			Street Address Rear Rear				
City	State	Zıp	City Westers		State	Zip 、	2891
8. List ALL directors (names and ad	/ Griegy the box to moreste an attachment						
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name	Director Name						
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue			he box to inc		
This information is currently of record in the Department of State.		NUVBER OF SI	BER OF SHARES CLASS/SERIES PAR VALUE				
Changes require an additional filing.		2,000				No For	Value
		h adaad	18 Mar ===	-41-m 1 21	i manda at		
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 5-9-18					
Signature of Authorized Representative							
MAIL TO: Division of Business Services MAR 1 2 2018							

FORM 630 - Revised: 10/2017