

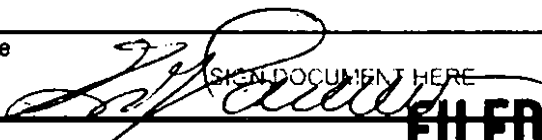


State of Rhode Island and Providence Plantations

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 16969		2. Exact name of the Corporation T.F. LABOISSONNIERE METAL FABRICATING CO.			
3. Principal Office Address 9 MORIN AVENUE			City COVENTRY	State RI	Zip 02816
4. NAICS Code 332710		6. Brief description of the character of business conducted in Rhode Island MACHINE SHOP			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GREGORY VANASSE			Vice-President Name GREGORY VANASSE		
Street Address 99 SIR MICHAEL CIRCLE			Street Address 99 SIR MICHAEL CIRCLE		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Secretary Name GREGORY VANASSE			Treasurer Name GREGORY VANASSE		
Street Address 99 SIR MICHAEL CIRCLE			Street Address 99 SIR MICHAEL CIRCLE		
City WEST KINGSTON	State RI	Zip 02892	City WEST GREENWICH KINGSTON	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GREGORY VANASSE			Director Name		
Street Address 99 SIR MICHAEL CIRCLE			Street Address		
City WEST KINGSTON	State RI	Zip 02892	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 GREGORY VANASSE					Date 1/24/18
Signature of Authorized Representative 					

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

MAR 28 2018

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