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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

STAMP

Corporation		2010	2010		
Corporat	OH				
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→ 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	12 Fund							
1. Entitly ID Number:	2. Exact name of the Corporation Bianco Tool & Die, Inc.							
58/80	Bianco	ool & Die, Ind	.	- .				
3. Principal Office Address			City		State	Zip		
250 Esten Avenue			Pawtucke	t	RI	02860		
4. NAICS Code	6. Brief desc	ription of the charac	cter of business	conducted in Rhode	Island			
31-33 239999	Manufacturer of hubs and dies							
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and a	ddresses)			Chec	k the box to i	indicate an attachment		
President Name Robert A. Bianco			Vice-President Name Robert A. Bianco					
Street Address 24 Paris Street			Street Address 24 Paris Street					
City Pawtucket	State RI	^{Zip} 02860	City Pawtus		State RI	^{Zip} 02860		
Secretary Name Robert A. Bianco			Treasurer Name Robert A. Bianco					
Street Address 24 Paris Street								
			Street Address 24 Paris Street					
City Pawtucket	State RI	^{Zıp} 02860	City Pawtucket		State RI	^{Zip} 02860		
8. List ALL directors (names and	addresses)			Chec	k the box to	indicate an attachment		
Director Name None			Director Nam	18				
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Director Name	-	·	Director Nam	ne	· · ·			
Street Address			Street Addres	ss				
City	TG4-4-			.,				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	s Issued Check the box to indicate an attachment			ndicate an attachment		
This information is currently of rec	ord in the	NUMBER O	F SHARES	CLASS/SERIES PAR VALUE				
Department of State.		100		Common		No Par		
Changes require an additional filing.			<u> </u>					
11. This report must be executed	on behalf of the	corporation by an a	authorized repre	I esentative. If the corr	noration is in	the hands of a receiver or		
<u>trustee, this report must be execu</u>	<u>ted on behalf of</u>	the corporation by	the receiver or	trustee.				
Under penalty of perjury, I decided that all statements and that all statements.	are and affirm (that I have examin	ed this report,	including any acco	mpanying s	chedules and		
Statements, and that all statements contained herein are true and correct. Name of Authorized Représentative Date								
Robert A. Bianco, President		3/28/18						
Signature of Authorized Represer	itative //		OLMES = 43==	-				
11 cour	a. 1	Ken SIGN DO	CUMENT FERI	FILED				
AAU 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