

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. Joseph A. Thomas, Ltd. 54410 3. Street Address Principal Business Office Sinte Cirv Zip 24 BROADCOMMON ROAD PO BOX 851 BRISTOL RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4012531330 RHODE ISLAND 1883 7. Brief Description of the Character of Business Conducted in Rhode Island MANUPACTURING SALES OF TOOLS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph A. Strong · Ann Pelletier Strong Street Address Street Address 55 Teed Avenue . 55 Teed Avenue Zip City State State Zip Barrington RI 02806 Barrington RI 02806 Secretary Name Treasurer Name Joseh A. Strong Ann Pelletier Strong Street Address Street Address 55 Teed Avenue . .55 Teed Avenue 7<u>8</u> Çıty State City State Zio Barrington RI 02806 . Barrington RI 02806 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Strees Address Street Address City State Zip City State Director Name Director Name Street Address Street Address State Cin Zio State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 1,000 COMM NO PAR VALUE MI 100 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee FILED FEB 23 2006 Under penalty of perjury, I declare and affirm that I have examined this pepop, including any accompanying schedules and statements, By and that all storements contained forein are true and correct Kunc *54410 DBC 11/07/05 03:09:52 PM* C90990 File Date Signature of Office Check No. Joseph A. Strong Plint or Type Name of Officer President | FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dichston 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 54410 Joseph A. Thomas, Ltd. 3. Street Address Principal Business Office City 7.ip 24 Boradocmmon Road P/O/Box 851 Bristol 02809 RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-253-1330 RHODE ISLAND 1883 7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING SALES OF TOOLS and any and all legal business 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph M. strong Ann P. Strong Street Address Street Address 55 Teed Avenue 55 Teed Avenue Cliv ^{Zip} 02806 Barrington 02806 RIBarrington Secretary Name Treasurer Name Joseph: Strong Ann Strong Street Address Sircei Address 55 Teed Avenue 55 Teed Avenue 02806 Barrington 02806 Barrington 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name N/A Street Address Street Address City State Zip CIIV State Director Name Street Address Sireei Address City State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of porjury, I declare and affirm that I have examined this report, inclyding any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Signature of Office Ann Strong Print or Type Name of Officer VP/treasurer

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __

iling Per	rlod: January	1-March 1	•	Flling	Fee:	\$50.00
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

54410

Joseph A. Thomas, Ltd.

3. Street Address Principal Business Office

24 Broadcommon Roac 4. Business Phone No.

5. State of Incorporation

Ann Pelletier Strong

RI

State

02809 6. SIC Code

401-253-1330

Zip

RHODE ISLAND

1883

7. Brief Description of the Character of Business Conducted in Rhode Island

Mfg. and sales of tools and any other legal & lawful purpose

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Secretary Name

Street Address

Vice President Name

Bristol

Joseph M. Strong Street Address

55 Teed Avenue

Barrington.

Joseph M. Strong

RI.

State

ZIp

02806

Street Address

55 Teed Avenue

State

Zip

Barrington Treasurer Name

City

City

City

Street Address

Ann Pelletier Strong

55 Teed Avenue

Zip

Barrington

55 Teed Avenue

State

Zip 02806

Barrington RT FILL IN SPACES BEFORE USING ATTACHMENTS

State

02806

02006

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

RI

Director Name

Director Name

Street Address

City

Street Address

Street Address

State

Zip

Director Name

Director Name

Street Address

State

State

210

210

City

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Class/Series

finder penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements, and

hat all statements contesting herein are true and correct.

Par Value

2/26/03

1,000 COMM NO PAR VALUE

NONE

Number of Shares

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



02-28-03

File Date: .

Check No.:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Ann Pelletier Strong

Print or Type Name of Officer VIce President/treasurer

Title of Officer estato 5

Ferni 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporation)n			\ <u>-</u>
54410	Joseph A. The	omas, Ltd.			
3. Street Address Principal Business C	Office		Clly	State	2.lp
24 Broadcommon Ro 4. Business Phone No.	ad PO Box 8	5. State of Incorporation	Bristol	RI	02809 6. SIC Code
401-253-1330 7. Brief Description of the Character of	of Business Conducted In	RHODE ISLAND Rhode Island			1883
Mfg. and Sales of 8. NAMES AND ADDRESS President Name	tools and and ES OF THE OFFIC	ny other legal an ERS <i>("x" BOX FOR ATTACH</i>	nd lawful purpose. MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
Joseph M. Strong Street Address			. Ann Pelletier S	trong	
55 Teed Avenue	State	Zip	55 Teed Avenue	State	Zip
Barrington, Secretary Name	RI .	02806	Barrington Tensurer Name	RI	. 02806
Joseph M. Strong Street Address			Ann Pelletie	r Strong	
55 Teed Avenue Cuy Barrington,	State RI	02806 ^{,,}	55 Teed Avenue Gly Barrington	State RI	zıp 02806
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	-	BEFORE USING ATT	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT	r)
Number of Shares 1,000 COMM NO PAR VALL	Ciass/Series JE	Par Value	Number of Shares NONE	Class/Series	Par Value
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his report must be signed	in ink by eithe	r the President, Vice Pr	resident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Tru
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File Date:	12-31-01
Check No.:	15261
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i	rint or Jope A	Name of Offi	cer	7		·	-	_
	Title of Officer					<i>E</i> -	620 121	<u> </u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divis 100 North Main Street, Providence, RI 02903-1.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOL
PLEASE REAL INSTRUCTION

FORM MUST BE TYPED IN BLA	CK) 2 Name of Corporation				
54UI)	INSI	n A. Thima	s. Ltd		
Street Address Principal Business	Office Of 1	1 6 1 0 10 10		State 0 1	17/128119
# 40 bl	x 851/2	4 DI WAAUMINDI	<u> 1 DV15TD1</u>	<u> </u>	- 6 30 Colo
Business Phone No.	21)	5 State of Incorporation	Hand		11883
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Brief Description of the Character	05 OF T/	in and an	unther lead	al and law	N DULDOS
NAMES AND ADDRES	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACH		S BEFORE USING ATT	ACHMENTS
rudent Name	51/200		Vice President Name	etied stra	ong
DSCON III-	CHIONIC .		Street Address	01101 011	-
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<u>.) </u>	State 0	Zir A O CNIO	Citic Oct	State	778N/
5auinatio	<u> </u>	02804	Danion	<u>// </u>	0200
TOTAL Same	11)0		Ann Dolla	tier Stri	M
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barrington	RI	0280Ψ	155 Tel	fle.	
	Mistate SIA		1201000	State (2)	12×1)(1
Joseph	111-0110	(19)	_ Carrivaju	CES PEROPE USING A	TTACHMENTS
9. NAMES AND ADDRES	SES OF THE DIRE	CTOKS (*X* BOX FOR ATTA	Director Name	CES BEFORE CSING M	
704, tor Name					
Street Address			Street Address		
	<u> </u>		Guy	State	\Z\p
,ify:	istate	Zip	CW		'
Director Name			Director Name		
			<u> </u>	_ 	
Street Address	<u> </u>		Street Address		
	Iteas	\Ζφ	City	State	Zir
Citi	State			<u> </u>	
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT) 🗖	11. SHARES ISSUET) ("X" BOX FOR ATTACHM	IENT) D
NUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			1	1	1
This report must be sig	ned in ink by cit	her the President. Vice	President, Secretary, A	Assistant Secretary, Tr	easurer, Receiver or

Check No.: ...

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Under pena	ty of perjury,	Julcelage and aff	irm that I ha	ave examine
		accompanying s		
that all stat	interns contain	ned herein are tr	nus and corre	ict.
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Sichature of C	officer		Date	· · · · · · ·
1ma	<u>, 740</u>	<u> </u>		
Fruit or Type	Name of Officer	12.		

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM	MUST	BE	TYPED	IN	BLACK)

1. Corporate ID No. 54410

2. Name of Corporation

Joseph A. Thomas, Ltd.

3. Street Addre	ess Principal Business Office		City	State	Zip
4. Business Ph	24 Broadcommon Road	S. State of incorporation	Bristol	FI	02809 6. SIC Code 1883
7. Brief Descri	(401)253-1330 iption of the Character of Business Conducted in	RHODE ISLAND Rhode Island			1003
8. NAMES	Mfg. & Sales of Tools as AND ADDRESSES OF THE OFFIC	•	• •	pose ES BEFORE USING ATTACH	MENTS
	Joseph M. Strong		Ann Pelle	etier Strong	
Street Address			Street Address	,	
City	55 Teed Avenue State	Zip	55 Teed A	State	Zip
	Barrington RI	02809	Barrington	RI	02806
Secretary Nam		•	Treasurer Name		
Street Address	Joseph M. Strong 55 Teed Avenue		Ann Pelletie Street Address 55 Teed Aver	J	
City	State	210	City	State	Zip
J.,	Barrington RI	02806	Barrington	RI	02806
9. NAMES Director Name	AND ADDRESSES OF THE DIRE	CTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPA Director Name	ACES BEFORE USING ATTAC	HMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•	• •	Director Name		
Street Address	·		Street Address		
City	State .	ZIp	City	State	Zip
10. SHARE	ES AUTHORIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUEI	D (*X* BOX FOR ATTACHMENT)	
Number of She	ares Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000	SHS COM NO PAR VAL		NONE		
	:				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 5 4 4 1 0 *
File Date:	2/22/00
Check No.: _	12952
By:	<u> </u>
FOR SECRET	ARY OF STATE USE ONLY

Under penalty of perjury I declare and affirm that I have examined this report, including any personnanting schedules and statements, and that all statements centained fields for true and correct.

2-17-00

Signature of Officer

Date

Ann Pelletier Strong
Print or Type Name of Officer

Vice-President/Treasurer

Title of Officer

James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BL				····		
1. Corporate ID No.	2. Name of Corpor			_ 	•	
54410		Thomas, Ltd.			·	
3. Street Address Principal Busines			City Bristol	State RI	02809	
4. Business Phone No.	ommon Road	5. State of Incorporation	k		6. SIC Code	
	1110	RHODE ISLAI			1883	
7. Brief Description of the Charact		~ _L	···-··································			
•			gal and lawful pur	pose		
			CHMENT) FILL IN SPACES		CHMENTS	
President Name		· · · 	: Vice President Name			
Joseph M.	Strong		Ann Pelle	tier Strong		
Street Address			Street Address			
55 Teed A			55 Teed		 	
Barrington	State RI	^{Zip} 02806	: Clty : Barrington	State RI	02806	
Secretary Name Joseph M.	Strong		• * * * * * * * * * * * * * * * * * * *	Treasurer Name Ann Pelletier Strong		
Street Address		Street Address				
55 Teed Avenue		55 Teed Avenue				
City	State	Zip	City	State	Zip	
Barrington	RI	02806	Barrington	RI	02806	
Director Name Street Address			TACHMENT) FILL IN SPACE Director Name Street Address			
Class				1 6000		
City	State	Zip	City	State	Zip	
Director Name	t		Director Name			
Street Address		·····	Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZ	ED (*X BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	(T)	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 SHS COM NO	PAR VAL		NONE			
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* 5 4 4 1 0 *	Under penalty of perfury, declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: ZTQQ	that all statements contained herein ore true and correct.
Check No.: 109.7	Signature of Officer Ann Pelletier Strong
8y:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	VP/Treasurer



James R: Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	54410	Joseph A. T	ĥomas, Ltd.			
3. Street Address	Principal Business C	Office		City	State	Zip
		ommon Road		Bristol	RI	02809
l. Business Phon	(401)253-	1330	' HHÓDE'ISL'AN	ND	,	6. SIC C 1883
. Bilef Descripti	on of the Character of	of Business Conducted In	Rhode Island			
	Mfg. and	sales of too	ls and any other	legal and lawful p	urpose	
. NAMES /	AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	CHMENT)	~ -~ ~	
resident Name		_		Vice President Name		
 -	Joseph M.	Strong		Ann Pelle	tier Strong	
treet Address				Street Address		
	55 <u></u> Teed_A			55 Teed Avenue		
City	Rarrinata	State	71p 02806	City	State RI	Zip 02806
	Barringto	n RI	U20U0	Barrington,		02000
Secretary Name	Inna-h M	Caman-		Treasurer Name		
	Joseph M.	Strong			etier Strong	
Street Address	55 Teed A	venue	•	Street Address 55 Teed	Avenue	
Sily	Barringto	n RI	Zip 02806	City Barrington	State RI	^z /02806
NAMES /	AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) 🔾		
Director Name			•	Director Name		
Street Address				Street Address		
		Te	- T			
City		State	Zip	City	State	Zip
		1		:		i
Nector Name	•••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	* Director Name	• • • • • • • • • • • • • • • • • • • •	
Director Name	•••••••••	• • • • • • • • • • • • • • • • • • • •	·•····································	Director Name		
Director Name						
				Director Name Street Address		····
Street Address		State	Zip		State	Zip
		State	Zip	Street Address	State -	7.1p
Street Address	AUTHORIZED		<u> </u>	Street Address City	•	
O. SHARES	•	State ("X" BOX FOR ATTA	<u> </u>	Street Address	•	
Street Address	AZS .		<u> </u>	Street Address City 11. SHARES ISSUED (*X	•	
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City O. SHARES AUTHORIZED SHA Number of Share	AZS .	Class/Series	CHMENT) [City 11. SHARES ISSUED (*X ESSUED SHARES	BOX FOR ATTACHME	NT) (
OLIV SHARES AUTHORIZED SHA Number of Share	RES	Class/Series	CHMENT) [City 11. SHARES ISSUED (*X ESSUED SHARES Number of Shares	BOX FOR ATTACHME	NT) (
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O. SHARES AUTHORIZED SHA Sumber of Share	AS COM NO F	Class/Series PAR VAL	CHMENT) Par Value	City 11. SHARES ISSUED (*X ESSUED SHARES Number of Shares	BOX FOR ATTACHME.	Par Value

Under penalty of perjury I decipre and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained haven are trullary correct.

Signature of Officer

Date

Ann <u>Pelletier Strong</u>

Print or Type Name of Officer

VP/Treasurer

FOR SECRETARY OF STATE USE ONLY

File Date: _

Check No .: .

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

54410

Joseph A. Thomas, Ltd.

04410	Joseph A.	i iiuiiias, Liu.			
3 Street Address Principal B	Hiness Office HBRDADCD	mmou RD.	BRISTOL	State E1	202809
401-253 -	1330	5. State of Incorpora RHODE ISL			6. SIC Code 1883
MPB. AND SI	ALES OF 100	LS AND AN		+ LAWFIL E	NTERPISE
8. NAMES AND ADI	DRESSES OF THE OFF	ICERS ("X" BOX FOR A		•	
JOSEPH 1	1. STRUNIO			PELETIER (STRON6
35 TEED	AUE		Street Address THE	AVE.	
BARRINGT	N State RI	202809	BARRING	DN State RI	zip 02809
Secretary Name Street Address	4. STRONE)	Treasurer Name ANN Street Address	ELLETIER (STRUNG
City	State	Zip	City	State	Zip
				•	
Director Name	DRESSES OF THE DIR	ECTORS (*X* BOX FOR	R ATTACHMENT) 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

1,000 SHS COM NO PAR VAL

AUTHORIZED SHARES

Number of Shares

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

Number of Shares

	* 5 4 4 1 0 *			
File Date:	1/16/97			
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	OF STATE LISE ONLY			

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

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Under penalty of perjury I declare and affirm that I have this report, including any accompanying schedules and st	
that all statements have in and true and correct.	ط دوا د .
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Senature of Officer Die	
ANN PRIVETIEK STRUNG	
I NA	
Title of Officer	

Class/Series

Par Value

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street

Filing Period: January 1-March 1

Providence, Rhode Island 02903-1335 • (401) 277-3040

1. CORPORATE ID NO.	2. NAME OF CORPORATION	T LEASE LIFE UN	PRINT IN BLACK INK.		
54410	Josept	A. Thomas, Ltd	l .		
3. STREET ADDRESS PRINCIPAL BUSINESS		· · · · · · · · · · · · · · · · · · ·	air	STATE	ZP C00E
24 Broadcommon	Road / P.O. B	ox 851	Bristol	RI	02809
BUSINESS PHONE NO.		5. STATE OF INCORPORATION	7.3.VD		6.SIC 000E
(401)253-1330		RHODE IS	LAND		1883
. BRIEF DESCRIPTION OF THE CHARACTED				· · · · · · · · · · · · · · · · · · ·	
mig. and Sale		 	retail, and any ot		pose
PRESIDENT NAME		MES AND ADDR	ESSES OF THE OF	FICERS	
Joseph M. Stro	ong		Ann Pelletier	Strong	
55 Teed Avenue			STREET ADDRESS		
אול	STATE	ZIP CODE	55 Teed Avenu	e STATE	7₽ C00€
Barrington	RI	02806	Barrington	RI	02806
SECRETARY NAME			TREASURER NAME	······································	
Joseph M. Stro	ng	· · · · · · · · · · · · · · · · · · ·	Ann Pelletier	Strong	
as above			as above		
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any	STATE	ZIP CODE	any	STATE	ZIP CODE
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Pro	This Prident Vice Preside	s report must be SIG	NED IN INK by either the ant Secretary, Treasurer,	Danis and Tours	
	coldern, vice rieside	ent, Secretary, Assist			
			Under penalty of report, including,	perjury. I dedtare shd a any accompanying sche	affirm that I have examined edules and statements, and and correct.
· · · · · · · · · · · · · · · · · · ·		4	all statements con	ntained herein are true a	and correct.
File Date:	46	!	/ <u> </u>	Warra)	M
// -	18	· ;	Signature of Offic		()
Check No:	~ [0 ,	•	Ann Pelleti		
Ву:	Cotan		Print or Type Nam		
		•	VP/Treasure	r	12-26-95
For Secretary of	TOTALE USE UNIV		Title of Officer		Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

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ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	Annual Report for the year:			
Joseph A. Thomas, I				
Name of Corporation: Business entity organized under the laws of the State of: Rhode_Islan For foreign entity, address and telephone number of principal office:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: (401) 253-1330	Brief statement of the character of business conducted in Rhode Island: _to_manufacture_and_distribute_at_both_theretail_&_wholesale_levels_tools_and_otherhome_service_products,_and_any_and_all_otherlawful_purposes			
THE NAMES C	OF THE OFFICERS ARE:			
PRESIDENT	ET ADDRESS CITY/STATE ZIP CODE			
Joseph M. Strong 55 TEed AVenue SIRI	Barrington, RI 02806			
Ann pelletier Strong 55 Teed AVenue	ET ADDRESS CITY/STATE ZIP CODE Barrington, RI 02806			
Joseph M. Strong 55 Teed AVenue	ET ADDRESS CITYSTATE ZIP CODE Barrington, RI 02806			
Ann Pelletier Strong 55 Teed AVenue	ET ADDRESS CITY/STATE ZIP CODE Barrington RI 02806			
THE NAMES OF	THE DIRECTORS ARE:			
Ann Pelletier Strong 55 Teed A	ET ADDRESS CITY/STATE ZIP CODE			
	ET ADDRESS CHY/STATE ZIP CODE			
Joseph M. Strong 55 Teed AVent	te Barrington RI 02806 CITY/STATE ZIP CODE			
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares Class / Series	Number of Shares Class / Series			
1000 common				
Date March 16, 1995 By:	Jum Killing Ivy IVP			
PRIN	Ann Pelletier Strong TORINDE NAME OF OFFICER SIGNING VICE President FOR OFFICER SIGNING			
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:			

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ANN PELLETIER STRONG
24 BROADCOMMON ROAD
P.O. BOX 851
BRISTOL RI 02809

PAU)
TY 5219

Filing Fee \$50.00 Payable to Secretary of State PLEASE TYPE or PRINT

File Annually LLC Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 0054410	Annual Report for the year: 1994
Name of Business Entity. Joseph A. Thomas, Ltd.	· ··
Business entity organized under the laws of the State of R1	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7.1.1)
Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office:	Professional Service Corporation (See RIGL Chapter 7-5.1) Limited Liability Company (See RIGL 7-16)
N/A	Name, title and mailing address of contact person to whom communications may be directed:
	Ann Pelletier Strong P.O. Box 851
Phone: (, ,)	Bristol-, RI 02809
Address and telephone of the principal office of business entity in Rho-Island (Provide street address - Not P.O. Box): P ₂ O ₂ Box 851/7/24 Broadcommon Road	Brief statement of the character of business conducted in Rhode Island: Mfg./Dist. at retail_and_wholesale_tools
Bristol, RI 02809	and other home service products.
Phone: 401) 253-1330	Date of Organization: Feb. 17 - 1989 Date of Qualification to do business in Rhode Island (if foreign entity): N/A
THE NAM	IES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE ZIPCODE
Joseph M. Strong <u>55 Teed Avenue</u> हो लक्ष्य क्यान्य कार्यक्र करणा है अधिकारिक कर कर	Barrington, RI 02806
Ann Pelletier Strong 55 Teed Avenue Costobianos Ricordos De Secretario Costobia	Barrington, RI 02806 STRIET ADDRESS CIGNASTATE THE CODE
Joseph M. Strong 55 Teed Avenue. Chibridan Pelletier Strong 55 Teed Avenue	= STREET ADDRESS Barrington, RI 02806 Barrington, RI 02806
THE NAMI	ES OF THE DIRECTORS ARE: STREET ADDRESS CONSTACE ZP CODE
NAME.	STREET ADDRESS CITYSTATE ZIPCODE
NAME	STREET ADDRESS CITY/STATE ZEPCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER -0-
CLASS Common	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR None	PAR VALUE OR WITHOUT PAR None
Date <u>February 9</u> , 19_94	By Jun Miller July
	AND PARESESSES SEEDING
	Vice-President/Treasurer
Form 31 1/94	

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filted.





Rhode Island Convention Center Authority

The World Trade Center at the Rhode Island Convention Center

As of February 1, 1994, the World Trade Center Rhode Island (WTCRI) will have moved from its location on the Bryant College campus in Smithfield, Rhode Island to the offices of the Rhode Island Convention Center Authority within the Rhode Island Convention Center complex.

Member corporations of the World Trade Center have access to the following services, resources and amenities:

- A network of World Trade Center offices in over 240 cities and 60 countries providing assistance in locating import/export opportunities
- Access to an electronic bulletin board of offers and letters of interest in buying or selling products
- Assistance from the World Trade Center in developing meetings, conferences and trade shows
- Easy access to the Rhode Island Convention Center's full convention and meeting facilities
- Access to assistance from the faculty and staff of Bryant College's Center for International Business and Economic Development

For more information about membership in the World Trade Center, please submit a letter of interest to:

Mr. Theodore Przybyla Managing Director World Trade Center Rhode Island 15 LaSalle Square Providence, RI 02903

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 544 10		Annual Report for the	year 1993
FIRST: The name of the co	orporation is TOSEP	H A THOMAS	,CTD.
SECOND: It is incorporated	d under the laws of RW	DE ISLAND	
THIRD: Character of busin	ness, briefly stated, is	LES MANUFACTU	PULL OF HANDI
DISC + OTHER G	WD5		
FOURTH: If foreign corpor	ration, address of its princip	pal office LA	
FIFTH: Business address in	Rhode Island	Box 851 ,8215	TN_ 121 02809
SIXTH: Names and addres	ses of its directors and offic		(Attach rider if necessary) mber, street, zip code)
	Director		
	Director		
7.00:4	Director	~~ ~~ ^~	0.200 10 1 0: 20
JOSEPH M. STROUL		•	BURNADU RI 028
ANN POLEMER ST		DO JEWY AVE, C	AKKUBIOH KI CKOC
JOSEAL M. STRONG		······································	u
ANN PRUETIER OFF			
SEVENTH: Number of Sha	res authorized:	A	Par Value or statement that shares are without
No. of Shares 1,000	Class COMMON	Senes SEP 27 1993	NO PAR VALUE
EIGHTH: Number of Share	es issued:	d & Filled	Par Value or statement that shares are without par value
No. of Shares NONE	Ciess	Q 101	9 - 200
Dated 9.27	1993 (Name of By.)	OF Corporation)	MAS, LTD
(Report must be signed by	y an officer) Title	VPSEC	

State of Rhode Island and Frovidence Flantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID SHID		Annual Report for the	year 1992
FIRST: The name of the corp	poration is JOSEF	4 A THOMAS, LT	D:
SECOND: It is incorporated	under the laws of	SHODE ISLAND	•••••
THIRD: Character of business			16 OF
HAND! DISSS & OTHE			
FOURTH: If foreign corporate	tion, address of its princi	pal office NA	
FIFTH: Business address in F	Rhode Island P. O	BX 851 BK1577	DL, RI 02809
SIXTH: Names and addresse	s of its directors and offi	icers: Address (including num	(Attach rider if necessary) ber, street, zip code)
	Director		•••••••••••••••••••••••••••••••••••••••
	Director		
	Director		
JOSEPH M STRONG		55 TEED AVE, BA	
ANN PELLETIER STA	RONG. Vice President.	55 TEED AVE, BAI	3KINPADN KI 0580P
JUSEPH M STRONG	•		
ANN PELETIER 31	ROMO Treasurer	lı	11
SEVENTH: Number of Share	s authorized:		Par Value or statement that shares are without
No. of Shares 1000	Class COMMON	EES S. (T.	NO PARVALLE
EIGHTH: Number of Shares	issued:	Series Series	Par Value
No. of Shares	Class	Series D O	or statement that shares are without par value
Dated 9 - 2')	19 ⁹ 3 (Name	SEPH A THOMAS of Corporation)	Suz
(Report must be signed by a	an officer) Title.	VP/SEC	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054410	Annual Report for the ye	ar <u>1991</u>
FIRST: The name	of the corporation is	Joseph A. Thomas,	Ltd.
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	to manufacture and di	stribute at both
any and all oth	er lawful purposes	ls and other home serv	
FIFTH: Business ac	idress in Rhode Island 345	South Main Street, Pro	vidence,RI 02903
SIXTH: Names and	d addresses of its directors and o	officers: Address (including number	(Attach rider if necessary)
Joseph M. Stron	g Director	PO Box 851, Bristol,	RI 02809
Ann Strong	Director	PO Box 851, Bristol,	RI 02809
	Director		
Joseph M. Stron	gPresident	PO Box 851, Bristol,	RI 02809
Ann Strong	Vice Presiden	t PO Box 851, Bristol,	RI 02809
Joseph M. Stron	gSecretary	PO Box 851, Bristol,	RI 02809
Ann Strong	Treasurer	PO Box 851, Bristol,	RI 02809
SEVENTH: Number	r of Shares authorized:	Series PA	Par Value or statement that shares are without par value
1000	common	MAR 05 1991	no par
Eіднтн: Number	of Shares issued:	CCY OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
Dated 2/27		Joseph A. Thomas, Ltd. ame of Corporation) M. M. M.	4/
(Report must be	signed by an officer) Ti	Jóseph M. Strong tle President	/

Form 31 1/55

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054410 First: The name of the corporation is		Annual Report for the year 1990 Joseph A. Thomas, Ltd.	
THIRD: Character of business, briefly stated, is		to manufacture and distribute at both the	
retail and wholesal	e levels tools and othe	er home service products, a	
other lawful purpo FOURTH: If foreign		principal office	
FIFTH: Business ac	tdress in Rhode Island34	5 South Main Street, Provid	ence, R1 02903
SIXTH: Names and addresses of its directors and		1 officers: (Attach rider if necessary) Address (including number, street, zip code)	
Joseph M. Strong	Director	2 Taylor Lane, Little Cor	mpton, RI 02837
	Director		
	Director		
Joseph M. Strong	President	2 Taylor Lane, Little Cor	mpton, RI 02837
	Vice Presi	dent	
	Secretary		
	Treasurer		
SEVENTH: Number of Shares authorized:			Par Value or statement that shares are without
No. of Shares	Class	Senes	par value
1000	common	PAID	no par
EIGHTH: Number of Shares issued:			Par Value
No. of Shares	Class	MAQ 1-4 1990	or statement that shares are without
NO. Of Shares	(145)	ರೀರೀ _{ಶೀಟ್} ದ ರ±ುಗಿದ	par value
Dated March 8	19 .90	Joseph A. Thomas, Ltd. (Name of Oprporation)	han a la
(Report must be	signed by an officer)	Joseph M Strong Title President	