RI SOS Filing Number: 201984017750 Date: 1/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

S 1. 3 3

Corporation

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

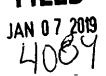
→ Penalty: Additional \$25		<u> </u>				·	
1 Entity ID Number		2. Exact name of the Corporation					
38174 	Zodiac I	Zodiac Tool & Cutter Grinding, Inc.					
3. Principal Office Address			City		State	Zıp	
135 Webster Street			Pawtucket		RI	02861	
4. NAICS Code	6. Bnef desc	6. Bnef description of the character of business conducted in Rhode Island					
332216	Cutter and	Cutter and Grinding Tools					
5. State of Incorporation							
Rhode Island	1						
7. List ALL officers (names ar	nd addresses)			Chec	k tne box to	ndicate an attachment 🗅	
President Name Marie L. Cote	Vice-President Name Florence Scienzo						
Street Address 114 Fern Stree	Street Address 114 Fern Street						
City Warwick	State RI	Zip 02889	City Warwic		State RI	^{Zip} 02889	
Secretary Name Florence Scienzo			Treasurer Name Marie L. Cote				
Street Address 114 Fern Stree	Street Address 114 Fern Street						
City Warwick	State RI	^{Zip} 02889	City Warwick		State RI Zip 02889		
B. List ALL directors (names a	and addresses)			Chec	k the box to	indicate an attachment [
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State Zip		
Director Name NONE			Director Name NONE				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is:	ssued		Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			CLASS/SERIES		
		NONE		NONE		NONE	
rustee, this report must be e	xecuted on behalf o	f the corporation by	the receiver or	trustee.			
Under penalty of perjury, I	declare and affirm	that I have examir	ed this report,	including any acco	ompanying s	schedules and	
statements, and that all sta Name of Authorized Represe	<u>rements contained</u> Intative	i nerein are true ai	nd correct.		Date	 	
Marie L. Cote		12-26-18					
Signature of Authorized Repr					1 04		
manie & Ca	50	BIGN, DO	ouventhes Cli	בח			
MAIL TO:			TIL	LU N	/ 	-	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov



FORM 630 - Revised: 10/2017