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
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	2. Exact name of the Corporation		
38174	Zodiac Tool & Cutter Grinding, Inc.		
3. Principal Office Address	City	State	Zip
135 Webster Street	Pawtucket	RI	02861
4. NAICS Code: 332216	6. Brief description of the character of business conducted in Rhode Island: Cutter and Grinding Tools		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Marie L. Cote			Vice-President Name: Florence Scienzo		
Street Address: 114 Fern Street			Street Address: 114 Fern Street		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889
Secretary Name: Florence Scienzo			Treasurer Name: Marie L. Cote		
Street Address: 114 Fern Street			Street Address: 114 Fern Street		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889

8. List ALL directors (names and addresses) — Check 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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE	NONE	NONE

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
Marie L. Cote	12-26-18

Signature of Authorized Representative: marie l cote

SIGN DOCUMENT HERE

FILED
JAN 07 2019
4089

MAIL 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