



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 <u>41469</u>		2. Exact name of the Corporation <u>STEVE MESSA TOOL Co. INC</u>	
3. Principal Office Address <u>767 HARTFORD AVE.</u>		City <u>JOHNSTON</u>	State <u>RI</u>
		Zip <u>02919</u>	
4. NAICS Code <u>811310</u>	6. Brief description of the character of business conducted in Rhode Island <u>TOOLMAKER - MACHINE SHOP</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>STEVEN E MESSA</u>		Vice-President Name <u>BRENDA Y MESSA</u>	
Street Address <u>123 ROYAL AVE.</u>		Street Address <u>123 ROYAL AVE.</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
Secretary Name <u>BRENDA Y MESSA</u>		Treasurer Name <u>STEVEN E MESSA</u>	
Street Address <u>123 ROYAL AVE</u>		Street Address <u>123 ROYAL AVENUE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIFS	
		PAR VALUE	
		<u>1,000</u>	<u>COMMON</u>
			<u>NO PAR</u>
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 <u>BRENDA Y MESSA</u>			Date <u>JANUARY 24, 2019</u>
Signature of Authorized Representative <u>Brenda Y Messa</u> FILED			

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 10/2017