



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.

STAMP

1. Entity ID Number 117469		2. Exact name of the Corporation DESIGN TOOL, INC.	
3. Principal Office Address 795 Hatchery Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island To engage in the business of tooling and product development for injection molded plastic products.	
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Alexander J. Krajewski, Jr.		Vice-President Name Diane Krajewski	
Street Address 795 Hatchery Road		Street Address 795 Hatchery Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02886		Zip 02886	
Secretary Name Richard E. Fleury, Esquire		Treasurer Name Diane Krajewski	
Street Address 33 College Hill Road, Bldg. 20		Street Address 795 Hatchery Road	
City Warwick	State RI	City North Kingstown	State RI
Zip 02886		Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
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 <input type="checkbox"/>			
NUMBER OF SHARES CLASS/SERIES PAR VALUE			
100		Common	No Par
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 Alexander J. Krajewski, Jr., President			Date 2/11/19
Signature of Authorized Representative <i>Alexander J. Krajewski, Jr.</i> SIGN DOCUMENT HERE			

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

FEB 25 2019

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FORM 630 - Revised: 10/2017