



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

FILED

JAN 13 2020

BY

024186

1. Entity ID Number 000021361		2. Exact name of the Corporation J & M Diamond Tool, Inc.			
3. Principal Office Address 43 Roger Williams Avenue		City East Providence		State RI	Zip 02916
4. NAICS Code 331110		6. Brief description of the character of business conducted in Rhode Island Tool Manufacturing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leo R. Mongeau			Vice-President Name Richard Mongeau		
Street Address 100 Pequot Road			Street Address 65 Davis Street		
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771
Secretary Name Denise L. Drury			Treasurer Name Leo R. Mongeau		
Street Address 10 Cherry Lane			Street Address 100 Pequot Road		
City Rehoboth	State MA	Zip 02769	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Leo R. Mongeau			Director Name Pauline M. Mongeau		
Street Address 100 Pequot Road			Street Address 100 Pequot Road		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	
10,000		Common		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 Denise L. Drury				Date 1/6/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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