



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

JAN 21 2020
 BY DOB
OK

1. Entity ID Number 20184		2. Exact name of the Corporation International Machine & Tool Corporation			
3. Principal Office Address 115 Maple Street			City Warwick	State RI	Zip 02888
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Assembling and Sale of Precision tools and equipment			
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 Ronald W. Elsdorfer			Vice-President Name Ingrid E. Wilcox		
Street Address 373 Red Chimney Drive			Street Address 260 Red Chimney Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Ronald W. Elsdorfer			Treasurer Name Ronald W. Elsdorfer		
Street Address 373 Red Chimney Drive			Street Address 373 Red Chimney Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald W. Elsdorfer			Director Name		
Street Address 373 Red Chimney Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			600	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 Ronald W. Elsdorfer					Date 15 JAN 2020
Signature of Authorized Representative <i>Ronald W. Elsdorfer, Pres</i>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov