



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 TAMP

FEB 13 2020

BY

30345 DS

1. Entity ID Number 000007969		2. Exact name of the Corporation SALVADORE TOOL & FINDINGS, INC.	
3. Principal Office Address 24 Althea Street		City Providence	State RI
		Zip 02907	
4. NAICS Code 423940	6. Brief description of the character of business conducted in Rhode Island Manufacturing jewelry findings.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name David J. Salvatore		Vice-President Name Steven M. Salvatore	
Street Address 24 Althea Street		Street Address 24 Althea Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name David J. Salvatore		Treasurer Name Steven M. Salvatore	
Street Address 24 Althea Street		Street Address 24 Althea Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name David J. Salvatore		Director Name Steven M. Salvatore	
Street Address 24 Althea Street		Street Address 24 Althea Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		264	Class A Common
		1636	Class B Common
			\$1 par value
			\$1 par value
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 David J. Salvatore, President		Date 2-10-2020	
Signature of Authorized Representative <i>David J. Salvatore</i>		SIGN HERE	

MAIL TO:

Division of Business Services

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

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