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

FILED STAMP
MAR 02 2020
BY 10238 08

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

1. Corporate ID No.	2. Name of Corporation
000541196	Symmetrix Composite Tooling, Inc.

3. Street Address Principal Business Office	City	State	Zip
115 Broadcommon Road	Bristol	RI	02809

4. NAICS Code	5. State of Incorporation
339999	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
production of patterns and moulds servicing automotive, architectural, entertainment, industiral, and marine markets

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
John Barnitt	John Barnitt
Street Address: 115 Broadcommon Road	Street Address: 115 Broadcommon Road
City: Bristol; State: RI; Zip: 02809	City: Bristol; State: RI; Zip: 02809
Secretary Name: John Barnitt	Treasurer Name: John Barnitt
Street Address: 115 Broadcommon Road	Street Address: 115 Broadcommon Road
City: Bristol; State: RI; Zip: 02809	City: Bristol; State: RI; Zip: 02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000 shares $1 par value per share		

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.

John Barnitt — Feb 6, 2020
Signature — *Date*

John Barnitt
Print or Type Name

President
Title

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: 10/2016