



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
 STAMP
 MAR 02 2020
 BY 23871

1. Entity ID Number 1694925		2. Exact name of the Corporation ALL-TIME MANUFACTURING COMPANY, INCORPORATED			
3. Principal Office Address Bridge Street		City Montville		State CT	Zip 06353
4. NAICS Code 238390		6. Brief description of the character of business conducted in Rhode Island Furnishing and installation of building 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 David A. Brodie			Vice-President Name None		
Street Address 19 Pine Street			Street Address		
City Columbia	State CT	Zip 06237	City	State	Zip
Secretary Name Robert I. Brodie			Treasurer Name David A. Brodie		
Street Address 19 Pine Street			Street Address 19 Pine Street		
City Columbia	State CT	Zip 06237	City Columbia	State CT	Zip 06237
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David A. Brodie			Director Name		
Street Address 19 Pine Street			Street Address		
City Columbia	State CT	Zip 06237	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	CLASS/SERIES	PAR VALUE
			246	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. <i>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.</i>					
Name of Authorized Representative DAVID A. BRODIE				Date 2/21/20	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	