



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.

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FILED

MAR 12 2020

BY 6/19/20

1. Entity ID Number <b>1681063</b>		2. Exact name of the Corporation <b>15146 TOOLING, INC.</b>			
3. Principal Office Address <b>ONE WASHINGTON ST.</b>			City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>53 - Real Estate and Rental anc</b>		6. Brief description of the character of business conducted in Rhode Island <b>Leasing boat building equipment including molds, jigs, etc.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MORGAN C. HUNTLEY</b>			Vice-President Name <b>MORGAN C. HUNTLEY</b>		
Street Address <b>ONE WASHINGTON ST.</b>			Street Address <b>ONE WASHINGTON ST.</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>MORGAN C. HUNTLEY</b>			Treasurer Name <b>MORGAN C. HUNTLEY</b>		
Street Address <b>SEE ABOVE</b>			Street Address <b>SEE ABOVE</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MORGAN C. HUNTLEY</b>			Director Name		
Street Address <b>SEE ABOVE</b>			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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		COMMON	NO 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. <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 <b>MORGAN C. HUNTLEY</b>				Date <b>2/6/20</b>	
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](http://www.sos.ri.gov)

FORM 630 - Revised 10/2016