



State of Rhode Island

Department of State - Business Services Division

FILED

JAN 25 2021

BY 20953

Annual Report for the year: 2021
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. Entity ID Number <u>11904</u>		2. Exact name of the Corporation <u>TRI-BRO TOOL CO, INC.</u>	
3. Principal Office Address <u>1370 ELWOOD AVE</u>		City <u>CRAVSTON</u>	State <u>R.I.</u>
4. NAICS Code <u>813910</u>		6. Brief description of the character of business conducted in Rhode Island <u>MANUFACTURER</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>THOMAS M. WALSH</u>		Vice-President Name <u>ROBERT K. WALSH</u>	
Street Address <u>26 PACONE DR.</u>		Street Address <u>SAME AS ABOVE</u>	
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02888</u>	
Secretary Name <u>ROBERT K. WALSH</u>		Treasurer Name <u>THOMAS M. WALSH</u>	
Street Address <u>350 CONDON HILL RD.</u>		Street Address <u>SAME AS ABOVE</u>	
City <u>SHREVERSTOWN</u>	State <u>R.I.</u>	Zip <u>02874</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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	C. ASS/SERIES
		<u>220</u>	<u>COM.</u>
		PAR VALUE	<u>NO PAR</u>
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 <u>THOMAS M. WALSH</u>		Date <u>1/19/21</u>	
Signature of Authorized Representative <u>Tom M. Walsh</u>			