RI SOS Filing Number: 202189955520 Date: 2/4/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 04 2021
BY

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	2. Exact name of the Corporation			
43366	the TOOL CRIB, INC.			
3. Principal Office Address		City	State	Zip
134 Waterman Avenue		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423840	To carry on business of purchasing, selling, distributing, leasing and dealing in industrial tools and supplies.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Joseph F. Luiz			Vice-President Name: Joseph F. Luiz		
Street Address: 95 Newman Avenue			Street Address: 95 Newman Avenue		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771
Secretary Name: Joseph F. Luiz			Treasurer Name: Joseph F. Luiz		
Street Address: 95 Newman Avenue			Street Address: 95 Newman Avenue		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Joseph F. Luiz			Director Name: None		
Street Address: 95 Newman Avenue			Street Address:		
City: Seekonk	State: MA	Zip: 02771	City:	State:	Zip:
Director Name: None			Director Name: None		
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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	Date
Joseph F. Luiz	1-28-21

Signature of Authorized Representative

X Joseph F. Luiz

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: 08/2020