



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB 05 2021

BY

1. Entity ID Number 38174		2. Exact name of the Corporation Zodiac Tool & Cutter Grinding, Inc.									
3. Principal Office Address 135 Webster Street			City Pawtucket	State RI	Zip 02861						
4. NAICS Code 332216		6. Brief description of the character of business conducted in Rhode Island Cutter and Grinding Tools									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name Marie L. Cote			Vice-President Name Florence Scienzo								
Street Address 114 Fern Street			Street Address 114 Fern Street								
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889						
Secretary Name Florence Scienzo			Treasurer Name Marie L. Cote								
Street Address 114 Fern Street			Street Address 114 Fern Street								
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889						
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐											
Director Name NONE			Director Name NONE								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Director Name NONE			Director Name NONE								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment ☐											
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 ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/PRIS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td>NONE</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/PRIS	PAR VALUE	NONE	NONE	NONE
NUMBER OF SHARES	CLASS/PRIS	PAR VALUE									
NONE	NONE	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.											
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 Marie L. Cote				Date 2-1-21							
Signature of Authorized Representative <i>Marie L. Cote</i> 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