RI SOS Filing Number: 202192449050 Date: 2/18/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of	i Division						
Annual Report for the Corporation	e year: 202	.1		Eſ	7 1 0 101	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
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→ Filing period: January → Filing Fee: \$50.00	1 - March 1			11	1/11/11/	M John Mark	
→ Penalty: Additional \$25	5.00 fee if form is n	ot filed by April 1.	•	84	7 1 44	4	
1. Entity ID Number	2. Exact nam	me of the Corporation	ion				
19654	O.E. Plac	ce Tool Co., i	inc.				
3. Principal Office Address			City		State	Zip	
45 Worthington Road					RI	02920	
4. NAICS Code	6. Brief descr	ription of the chare	acter of business	conducted in Rhode	Island	<u></u>	
236220	Warehouse	e distributor, auto	motive and indu	ustrial tools.			
5. State of Incorporation		1					
Rhode Island							
7. List ALL officers (names and President Name			Lance Descride	Check	the box to inc	dicate an attachment	
Allen E. Place	<i>i</i>		Vice-Presiden	nt Name Philip W. Pla	nce		
Street Address 45 Worthington			Street Addres	ss 45 Worthington Ro			
^{City} Cranston	State Ri	^{Zip} 02920	City Cransto	on	State RI	^{Zip} 02920	
Secretary Name Janice B. Place				me Philip W. Place	_1,,		
Street Address 45 Worthington	ı Road			Street Address 45 Worthington Road			
Cranston	State RI	^{Zip} 02920	City Cransto		State RI	^{Zip} 02920	
8. List ALL directors (names an	nd addresses)			Check		dicate an attachment	
Director Name Philip W. Place		e Janice B. Place		WOLD OIL BILLS THE THE			
Street Address 45 Worthington Road			Street Address	s 45 Worthington Ro	oad .	<u></u>	
City Cranston	State RI	^{Zip} 02920	City Cransto	City Cranston		Zip 02920	
Director Name Allen E. Place			Director Name			<u></u> _	
Street Address 45 Worthington		•	Street Address	;			
City Cranston	State RI	^{Zip} 02920	City		State	Zip	
Shares Authorized Information is currently of re	- 172 Ab. 2	10. Shares Iss	sued	Check	the box to indi	icate an attachment	
inis information is currently of re Department of State.	ecord in the	NUMBER OF	FSHARES	CLASS/SERIES	; 	PAR VALUE	
Changes require an additional filing.		186		Common		0	
11. This report must be execute	and on hehalf of the (acception by an	ii - isad rontes	16 the name			
RESTANTANTO LABORATION TO BE DE BYEN	TUULGU UII DHIIMII DI M	ine comonation by i	IDO POPONIOS AS SAI	10100			
riiuer peneity of perjuly, i dec	eclare and affirm th	hat i have examine	ed this report in	ncluding any accom	panying sch	edules and	
tatements, and that all states lame of Authorized Representa	ununus contained n	jerein are true and	d correct.	· · · · · · · · · · · · · · · · · · ·			
Allen E. Place, President				Date 2/10/21			
Signature of Authorized Represe	entative	A ON BOO	7				
	/	/// SIGN BOV	FUMENT HERE				

MAJL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov