



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

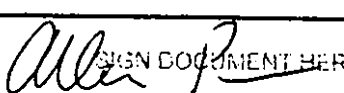
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 18 2021

BY

107467

1. Entity ID Number 19654		2. Exact name of the Corporation O.E. Place Tool Co., Inc.	
3. Principal Office Address 45 Worthington Road		City Cranston	State RI
		Zip 02920	
4. NAICS Code 236220	6. Brief description of the character of business conducted in Rhode Island Warehouse distributor, automotive and industrial tools.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Allen E. Place		Vice-President Name Philip W. Place	
Street Address 45 Worthington Road		Street Address 45 Worthington Road	
City Cranston	State RI	City Cranston	State RI
	Zip 02920		Zip 02920
Secretary Name Janice B. Place		Treasurer Name Philip W. Place	
Street Address 45 Worthington Road		Street Address 45 Worthington Road	
City Cranston	State RI	City Cranston	State RI
	Zip 02920		Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Philip W. Place		Director Name Janice B. Place	
Street Address 45 Worthington Road		Street Address 45 Worthington Road	
City Cranston	State RI	City Cranston	State RI
	Zip 02920		Zip 02920
Director Name Allen E. Place		Director Name	
Street Address 45 Worthington Road		Street Address	
City Cranston	State RI	City	State
	Zip 02920		Zip
9. Shares Authorized		10. Shares Issued 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	
		CLASS/SERIES	
		PAR VALUE	
		186	Common
			0
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 Allen E. Place, President		Date 2/10/21	
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

FORM 630 - Revised: 10/2017