RI SOS Filing Number: 202192638670 Date: 2/23/2021 4:00:00 PM

State of Relode 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.

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1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
132540	Ridgetop	Ridgetop Precision, Inc.							
3. Principal Office Address			City		State	Zıp			
17 Grandview Street	17 Grandview Street		Coventry		RI	02816			
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island							
81 2990	Manufactur	Manufacturer of Metal Products.							
5. State of Incorporation									
RI									
7. List ALL officers (names an	nd addresses)		T	Check	the box to in	ndicate an attachment 🔲			
President Name Frank L. Connell				Vice-President Name Frank L. Connell					
Street Address 17 Biscuit Hill Road			Street Address	Street Address 17 Biscuit Hill Road					
City Foster	State RI	Zip 02825	City Foster		State RI	<sup>Zip</sup> 02825			
Secretary Name Frank L. Coni	nell	Treasurer Name Frank L. Con			nnell				
Street Address 17 Biscuit Hill Road			Street Address 17 Biscuit Hill Road						
City Foster	State RI	Zip <b>02825</b>	City Foster		State RI	Zip 02825			
8. List ALL directors (names a	and addresses)				the box to i	ndicate an attachment			
Director Name			Director Name		<del></del>				
Street Address			Street Address	Street Address					
City	IState	Zip	City		State	Zip			
· · · · · · · · · · · · · · · · · · ·									
Director Name			Director Name						
Street Address	<u> </u>		Street Address	;					
City	State	Zip	City	_	State	Zip			
9. Shares Authorized		10. Shares Is	 sued	Check	the box to i	box to indicate an attachment			
This information is currently of	f record in the		NUMBER OF SHARES CLASS/SERI			PAR VALUE			
Department of State.		8000		Common		No Par Value			
Changes require an additional filing.									
11. This report must be execu	ited on behalf of the	corporation by an	authorized repres	entative. If the corpo	oration is in	the hands of a receiver or			
trustee, this report must be ex	xecuted on behalf of	f the corporation by	the receiver or tr	rustee.					
Under penalty of perjury, I o statements, and that all sta				nciuding any accon	npanying s	cnequies and			
Name of Authorized Represen					Date /				
Frank L. Connell		•			2/1	2/15/2021			
Signature of Authorized Repre	esentative								
Frank K.	Comall	SIGN DC	OCUMENT 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