



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.

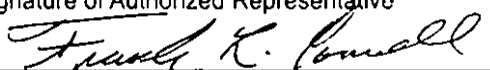
FILED

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1. Entity ID Number 132540		2. Exact name of the Corporation Ridgetop Precision, Inc.												
3. Principal Office Address 17 Grandview Street			City Coventry	State RI	Zip 02816									
4. NAICS Code 81 2990		6. Brief description of the character of business conducted in Rhode Island Manufacturer of Metal Products.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Frank L. Connell			Vice-President Name Frank L. Connell											
Street Address 17 Biscuit Hill Road			Street Address 17 Biscuit Hill Road											
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825									
Secretary Name Frank L. Connell			Treasurer Name Frank L. Connell											
Street Address 17 Biscuit Hill Road			Street Address 17 Biscuit Hill Road											
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">8000</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
8000	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 Frank L. Connell				Date 2/15/2021										
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