



State of Rhode Island

## 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

MAR 01 2021

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1. Entity ID Number 85715		2. Exact name of the Corporation Clement Machine Tool Co., Inc.			
3. Principal Office Address 30-32 Central Ave			City East Providence	State RI	Zip 02914
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Custom machining and assembling; special machine design and building			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Thomas A. Clement			Vice-President Name None		
Street Address 30-32 Central Ave.			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Thomas A. Clement			Treasurer Name Thomas A. Clement		
Street Address 30-32 Central Ave			Street Address 30-32 Central Ave.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common N/A	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.					
<b>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.</b>					
Name of Authorized Representative Thomas A. Clement, President					Date 2/19/21
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov