



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.

STAMP

MAR 08 2021

BY 96905 *DS*

1. Entity ID Number 92399		2. Exact name of the Corporation DIVERSIFIED FASTENING SYSTEMS, INC.					
3. Principal Office Address 501 RICHINGS STREET			City CHARLES CITY	State IA	Zip 50616		
4. NAICS Code 423710		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTORS OF FASTENING HARDWARE PRODUCTS					
5. State of Incorporation IOWA							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name TOBY CRAWFORD			Vice-President Name ELLEN CRAWFORD				
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE				
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616		
Secretary Name TREVOR CRAWFORD			Treasurer Name TREVOR CRAWFORD				
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE				
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name DAN CRAWFORD			Director Name ELLEN CRAWFORD				
Street Address 2127 UNDERWOOD AVENUE			Street Address 2127 UNDERWOOD AVENUE				
City CHARLES CITY	State IA	Zip 50616	City CHARLES CITY	State IA	Zip 50616		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
		NUMBER OF SHARES		CLASS/STRIKES		PAR VALUE	
		2,100		COMMON		\$10.00	
		-0-		PREFERRED		\$500.00	
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 TOBY CRAWFORD, PRESIDENT					Date Mar. 2, 2021		
Signature of Authorized Representative <i>[Handwritten Signature]</i>					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