



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021  
Corporation

JUN 4 2021  
BY 1418

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

1. Entity ID Number <b>18690</b>		2. Exact name of the Corporation <b>L.D.B Tool and Findings, INC</b>			
3. Principal Office Address <b>2380 Plainfield Pike</b>		City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02921</b>	
4. NAICS Code <b>332618</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wire and METAL Products MFG</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LORENZO DeBiasio SR.</b>			Vice-President Name <b>LORENZO DeBiasio JR</b>		
Street Address <b>9 ENfield ST</b>			Street Address <b>9 ENfield ST</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>LORENZO DeBiasio JR</b>			Treasurer Name <b>LORENZO DeBiasio JR</b>		
Street Address <b>9 ENfield ST</b>			Street Address <b>9 ENfield ST</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LORENZO DeBiasio SR</b>			Director Name <b>NONE</b>		
Street Address <b>9 ENfield ST</b>			Street Address		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			NUMBER OF SHARES		
Changes require an additional filing.			CLASS/SERIES		
			PAR VALUE		
			<b>600</b>		
			<b>COMMON</b>		
			<b>NO PAR VALUE</b>		
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 <b>LORENZO DeBiasio JR</b>				Date <b>05/24/2021</b>	
Signature of Authorized Representative <i>Lorenzo DeBiasio</i>					

MAIL TO:  
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