



State of Rhode Island

Department of State - Business Services Division

FILED**Annual Report for the year: 2022**
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

 FEB 02 2022
 BY *MS3*

| | | | |
|--|---|---|------------------------|
| 1. Entity ID Number 43366 | | 2. Exact name of the Corporation the TOOL CRIB, INC. | |
| 3. Principal Office Address 134 Waterman Avenue | | City East Providence | State RI |
| | | Zip 02914 | |
| 4. NAICS Code 423840 | 6. Brief description of the character of business conducted in Rhode Island To carry on business of purchasing, selling, distribution, leasing and dealing in industrial tools and supplies | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Joseph F. Luiz | | Vice-President Name Joseph F. Luiz | |
| Street Address 95 Newman Avenue | | Street Address 95 Newman Avenue | |
| City Seekonk | State MA | Zip 02771 | City Seekonk |
| | | | State MA |
| | | | Zip 02771 |
| Secretary Name Joseph F. Luiz | | Treasurer Name Joseph F. Luiz | |
| Street Address 95 Newman Avenue | | Street Address 95 Newman Avenue | |
| City Seekonk | State MA | Zip 02771 | City Seekonk |
| | | | State MA |
| | | | Zip 02771 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Joseph F. Luiz | | Director Name None | |
| Street Address 95 Newman Avenue | | Street Address | |
| City Seekonk | State MA | Zip 02771 | City |
| | | | State |
| | | | Zip |
| Director Name None | | Director Name None | |
| 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. | | NUMBER OF SHARES | |
| | | CLASS/STRIKES | |
| | | PAR VALUE | |
| | | 100 | 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 Joseph F. Luiz | | Date 1-20-22 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | |