RI SOS Filing Number: 202186239100 Date: 1/14/2021 4:00:00 PM

State of Rhode Island Department of St	ivision	RECEIVED  O.I. DEPT. OF STATE  BUS SVCS DIV					
Annual Report for the ye	?						
Corporation 2023  Filing period: January 1. March 4.							
→ 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		of the Corporation					
65196							
5 Finicipal Onice Address			City		State	Zip	
4 NAICS Code 6 Brief description of the ch		vian of the characte	W. Fro	V	RI	02904	
_	4. NAICS Code 6. Bnef description of the character of business conducted in Rhode Island  TOOL MALLEL						
5 State of Incorporation							
RI							
7 List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Tettray	Vettray Breton			Vice-President Name Row Blanchette			
Street Address 29 Rose wood. Dr.			Street Address 16 Richard St.				
CIN PROV.	State T	02904	Cink. 4	1 1 /	State -	D2917	
Secretary Name	<u> </u>	106707	Treasurer Name	-lau	1/4/-	10271	
Street Address			Street Address				
City	State	Zip	<del> </del>		<b>T</b> =:		
			City		State	Zip	
B. List ALL directors (names and a Director Name	Check ti	he box to indica	te an attachment 🔲				
	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name			Director Name		1		
Street Address	Street Address	Street Address					
City	State Zip		City		State Zip		
9. Shares Authorized This Information is currently of reco	ord in the	10 Shares Issue NUMBER OF S		Check the CLASS/SERIES		te an attachment  PAR VALUE	
Department of State.		1000	1000		~		
Changes requ <del>ire</del> an additional filing.		7.0	7000		_	<del></del>	
11. This report must be executed of	on behalf of the co	orporation by an au	thorized represent	ative If the corpora	ation is in the ha	ands 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 reperpulation and some and shade all statements, and that all statements, and that all statements.							
Name of Authorized Regresentative							
Festres Breton			JAN 0 9 2023				
Signature of Authorized Representative BYML CTLFG						120-1	