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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

1. Entity ID Number <u>0000 73071</u>		2. Exact name of the Corporation <u>Lynx Diamond Tooling Inc.</u>			
3. Principal Office Address <u>ISA Enterprise Lane</u>		City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	
4. NAICS Code <u>339999</u>		6. Brief description of the character of business conducted in Rhode Island <u>Tool making, machining, manufacturing</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Darren Tolley</u>			Vice-President Name <u>none</u>		
Street Address <u>80 cedar forest rd.</u>			Street Address <u>none</u>		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City <u>none</u>	State <u>none</u>	Zip <u>none</u>
Secretary Name <u>Darren Tolley</u>			Treasurer Name <u>Darren Tolley</u>		
Street Address <u>80 cedar forest rd.</u>			Street Address <u>80 cedar forest rd.</u>		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>Darren Tolley</u>			Director Name <u>none</u>		
Street Address <u>80 cedar forest rd.</u>			Street Address <u>none</u>		
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	City <u>none</u>	State <u>none</u>	Zip <u>none</u>
Director Name <u>none</u>			Director Name <u>none</u>		
Street Address <u>none</u>			Street Address <u>none</u>		
City <u>none</u>	State <u>none</u>	Zip <u>none</u>	City <u>none</u>	State <u>none</u>	Zip <u>none</u>
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES <u>200</u>	CLASS/SERIES <u>common stock / cnp</u>	PAR VALUE <u>0</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Darren Tolley</u>				Date <u>11/20/23</u>	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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