r
State of Rhode Island Fee: \$50.0 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
<b>1636</b> (401) 222-3040
Foreign Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>
1. Corporate ID No. 000553957
2. Name of Corporation PRO TOOL & SUPPLY, INC
3. Street Address Principal Business Office:
No. and Street: 126 CALVARY STREET
P.O. BOX 1586
City or Town:WALTHAMState: MAZip: 02454Country: USA
4. Business Phone No.
<u>7818990790</u>
5. State of Incorporation
State: <u>MA</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>444130</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES OF TOOLS & LIGHT CONSTRUCTION EQUIPMENT
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed.

PRESIDENT	Individual Name First, Middle, Last, Suffix ROBERT J CULGIN		Address Address, City or Town, State, Zip Code, Country 4 PARMENTER ROAD FRAMINGHAM, MA 01701 USA		
TRESIDENT					
. Shares Authorized and I	ssued				
Class of Stock			alue Per nare	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.	0000	2,500.00	0
ling, in compliance with H	A.1. Gen. Laws § /-1.2	•			he electronic
y ROBERT J CULGIN					
By <u>ROBERT J CULGIN</u> Signature of Authorize	d Representative of the	he Corpo	ration		ne electronic
By <u>ROBERT J CULGIN</u> Signature of Authorize	d Representative of th	he Corpo	ration		
Signature of Authorize orm No. 630 evised 09/07	d Representative of t	he Corpo	ration		
Signature of Authorize	d Representative of t	he Corpo	ration		