



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED
APR 24 2024
BY *[Signature]* 43498

1. Entity ID Number 0100032110 <i>30110</i>	2. Exact name of the Corporation APAC TOOL, INC.
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3. Principal Office Address 49 HURDIS STREET	City NORTH PROVIDENCE	State RI	Zip 02904
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4. NAICS Code 339999	6. Brief description of the character of business conducted in Rhode Island TOOLS AND JEWELRY MANUFACTURING
5. State of Incorporation RHODE ISLAND	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY SQUILLACCI, JR.			Vice-President Name KAREN M. SQUILLACCI		
Street Address 33 WINSOR ROAD			Street Address 33 WINSOR ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name ANTHONY SQUILLACCI, JR.			Treasurer Name ANTHONY SQUILLACCI, JR.		
Street Address 33 WINSOR ROAD			Street Address 33 WINSOR ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY SQUILLACCI, JR.			Director Name KAREN M. SQUILLACCI		
Street Address 33 WINSOR ROAD			Street Address 33 WINSOR ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Director Name			Director Name		
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/SERIES	PAR VALUE
	100	COMMON	NO PAR

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 ANTHONY SQUILLACCI, JR., PRESIDENT	Date 4-10-24
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Signature of Authorized Representative
[Signature]

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