



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.

MAY 07 2024 STAMP  
19534  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>85715</b>		2. Exact name of the Corporation <b>Clement Machine Tool Co., Inc.</b>												
3. Principal Office Address <b>30-32 Central Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>									
4. NAICS Code <b>339999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Custom Machining and assembling: special machine design and building</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Thomas A. Clement</b>			Vice-President Name											
Street Address <b>30-32 Central Avenue</b>			Street Address											
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip									
Secretary Name <b>Thomas A. Clement</b>			Treasurer Name <b>Thomas A. Clement</b>											
Street Address <b>30-32 Central Avenue</b>			Street Address <b>30-32 Central Avenue</b>											
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common N/A</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common N/A	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common N/A	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.														
<b>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.</b>														
Name of Authorized Representative <b>Thomas A. Clement</b>					Date <b>4/25/24</b>									
Signature of Authorized Representative 														

MAIL TO:

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