



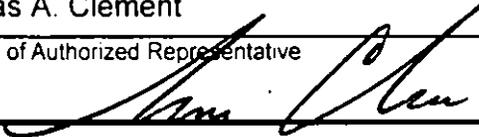
State of Rhode Island
Department of State - Business Services Division

MAY 07 2024 STAMP
19534
SECRETARY OF STATE
USE ONLY

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.

1. Entity ID Number 85715		2. Exact name of the Corporation Clement Machine Tool Co., Inc.			
3. Principal Office Address 30-32 Central Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Custom Machining and assembling: special machine design and building			
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 Thomas A. Clement			Vice-President Name		
Street Address 30-32 Central Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Thomas A. Clement			Treasurer Name Thomas A. Clement		
Street Address 30-32 Central Avenue			Street Address 30-32 Central Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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 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. 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 Thomas A. Clement				Date 4/25/24	
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