



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
Corporation

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

REC'D RIDOS FSD
24 MAY 21 PM 12:58:55

1. Entity ID Number 19654		2. Exact name of the Corporation O.E. Place Tool Co., Inc.			
3. Principal Office Address 45 Worthington Road			City Cranston	State RI	Zip 02920
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island Warehouse distributor, automotive and industrial tools.			
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 Allen E. Place			Vice-President Name Philip W. Place		
Street Address 45 Worthington Road			Street Address 45 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Janice B. Place			Treasurer Name Philip W. Place		
Street Address 45 Worthington Road			Street Address 45 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Philip W. Place			Director Name Janice B. Place		
Street Address 45 Worthington Road			Street Address 45 Worthington Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Allen E. Place			Director Name		
Street Address 45 Worthington Road			Street Address		
City Cranston	State RI	Zip 02920	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
		186		Common	0
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 Allen E. Place, President					Date 5/1/24
Signature of Authorized Representative 					FILED

MAY 21 2024

BY ML 12:58