



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

STAMP

2024 JUN -3 PM 2:18

1. Entity ID Number 001695386		2. Exact name of the Corporation SPIKES TOOL BOX INC			
3. Principal Office Address 2160 HARKNEY HILL RD		City COVENTRY		State RI	Zip 02816
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island RETAIL TOOL SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEREMY WEBBER			Vice-President Name JEREMY WEBBER		
Street Address 2160 HARKNEY HILL RD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name JEREMY WEBBER			Treasurer Name JEREMY WEBBER		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 10,000	CLASS/SERIES CWP	PAR VALUE .01
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 JEREMY WEBBER					Date 05/30/24
Signature of Authorized Representative					

FILED

JUN 3 2024

BY 3JCHB
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