



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**
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 RI SOS BSD
24 DEC 30 PM 2:22:30

| | | | | | |
|--|--------------------|--|---|--------------------|---------------------------|
| 1. Entity ID Number 000065196 | | 2. Exact name of the Corporation The Die Shop Inc. | | | |
| 3. Principal Office Address 9D THELMA AVENUE | | | City NORTH PROVIDENCE | State RI | Zip 02904 |
| 4. NAICS Code 333517 | | 6. Brief description of the character of business conducted in Rhode Island TOOL MAKER TITLE: 7-1.1-51 | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JEFFREY M BRETON | | | Vice-President Name RON BLANCHETTE | | |
| Street Address 29 ROSEWOOD DRIVE | | | Street Address 16 RICHARD ST | | |
| City NORTH PROVIDENC | State RI | Zip 02904 | City SMITHFIELD | State RI | Zip 02917 |
| Secretary Name | | | Treasurer Name | | |
| 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 | | | 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 | | PAR VALUE |
| | | | 1000 | 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 JEFFREY M BRETON | | | FILED DEC 30 2024 BY MTH 3d | | Date 12/30/2024 |
| 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