



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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 RI005 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		CLASS/SERIES
			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 MHA 3d		Date 12/30/2024
Signature of Authorized Representative 					

MAIL TO:
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