



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.

FILED

JAN 17 2025

BY 32180 EG

1. Entity ID Number 000007969		2. Exact name of the Corporation SALVADORE TOOL & FINDINGS, INC.												
3. Principal Office Address 24 Althea Street			City Providence	State RI	Zip 02907									
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island Manufacturing jewelry findings.												
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 David J. Salvatore			Vice-President Name Steven M. Salvatore											
Street Address 24 Althea Street			Street Address 24 Althea Street											
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907									
Secretary Name David J. Salvatore			Treasurer Name Steven M. Salvatore											
Street Address 24 Althea Street			Street Address 24 Althea Street											
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David J. Salvatore			Director Name Steven M. Salvatore											
Street Address 24 Althea Street			Street Address 24 Althea Street											
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>264</td> <td>Class A Common</td> <td>\$1 par value</td> </tr> <tr> <td>1636</td> <td>Class B. Common</td> <td>\$1 par value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	264	Class A Common	\$1 par value	1636	Class B. Common	\$1 par value
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		264	Class A Common	\$1 par value										
1636	Class B. Common	\$1 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. <i>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.</i>														
Name of Authorized Representative David J. Salvatore, President					Date 1-15-25									
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