



**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
FEB 12 2025
BY 3670
EG

1. Entry ID Number 000032110		2. Exact name of the Corporation APAC TOOL, INC.			
3. Principal Office Address 49 HURDIS STREET			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island TOOLS AND JEWELRY MANUFACTURING			
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 ANTHONY SQUILLACCI, JR.			Vice-President Name KAREN M. SQUILLACCI		
Street Address 33 WINSOR ROAD			Street Address 33 WINSOR ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
Secretary Name ANTHONY SQUILLACCI, JR.			Treasurer Name ANTHONY SQUILLACCI, JR.		
Street Address 33 WINSOR ROAD			Street Address 33 WINSOR ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY SQUILLACCI, JR.			Director Name KAREN M. SQUILLACCI		
Street Address 33 WINSOR ROAD			Street Address 33 WINSOR ROAD		
City FOSTER	State RI	Zip 02825	City FOSTER	State RI	Zip 02825
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	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR
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 ANTHONY SQUILLACCI, JR., PRESIDENT					Date 1-27-2025
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