



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.

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25 SEP 18 PM 3:37:14

1. Entity ID Number 000105501		2. Exact name of the Corporation ToolLab, Inc.	
3. Principal Office Address 65 Manchester Street		City West Warwick	State RI
		Zip 02893	
4. NAICS Code 423390	6. Brief description of the character of business conducted in Rhode Island Manufacture and Direct Sales of Temporary Wall Systems and related products.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Charles Melino Sr		Vice-President Name Charles Melino Jr	
Street Address 303 Norwood Ave		Street Address 303 Norwood Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
Secretary Name same as above		Treasurer Name same as above	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 ☐	
		NUMBER OF SHARES	CLASS/SERIES
		500	0.00
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 Charles Melino Sr		Date 9/18/25	
Signature of Authorized Representative		FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 637E Revised 12/2023