State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2017
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000105501	ToolLab, Inc.

3. Principal Office Address	City	State	Zip
65 Manchester Street	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423390	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	Vice-President Name
Charles Melino Sr	Charles Melino Jr
Street Address: 303 Norwood Ave	Street Address: 303 Norwood Ave
City: Cranston, State: RI, Zip: 02905	City: Cranston, State: RI, Zip: 02905
Secretary Name: same as above	Treasurer Name: same as above
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , 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: , 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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

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: Charles Melino Jr — Date: 9/18/25

Signature of Authorized Representative

FILED
SEP 18 2025
BY BP3K4

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023