

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837751

Entity Name: TOWER FASTENERS CO., INC.**Current Principal Place of Business:**1690 NORTH OCEAN AVENUE
HOLTSVILLE, NY 11742**Current Mailing Address:**1690 NORTH OCEAN AVENUE
HOLTSVILLE, NY 11742 US**FEI Number:** 11-2143620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	MOSCHOURIS, JEAN
Address	1690 NORTH OCEAN AVENUE
City-State-Zip:	HOLTSVILLE NY 11742

Title	PRESIDENT
Name	SHANNON, BRYAN
Address	1690 NORTH OCEAN AVENUE
City-State-Zip:	HOLTSVILLE NY 11742

Title	DIRECTOR
Name	LEVA, JOSEPH
Address	1690 NORTH OCEAN AVENUE
City-State-Zip:	HOLTSVILLE NY 11742

Title	VP
Name	SHANNON, MARK
Address	1690 NORTH OCEAN AVENUE
City-State-Zip:	HOLTSVILLE NY 11742

Title	TREASURER, CFO
Name	WOLINSKY, JOEL
Address	1690 NORTH OCEAN AVENUE
City-State-Zip:	HOLTSVILLE NY 11742

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL WOLINSKY**TREASURER****01/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date