



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: ~~\$20.00~~ 50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 36551		2. Name of Corporation MasterCast, Ltd.			
3. Street Address Principal Business Office 2 WILLIAMS STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4013312222		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE AND DISTRIBUTE LUCITE EMBEDMENT PRODUCTS AND ADVERTISING SPECIALTY ITEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David A. Katseff			Vice President Name David A. Katseff		
Street Address 4 Apple Valley Drive			Street Address Same		
City Rehobeth	State MA	Zip 02769	City	State	Zip
Secretary Name David A. Katseff			Treasurer Name David A. Katseff		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VALUE			100	common	no par

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.



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FEB 07 2008  
Check No.  
By: DS-1344  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: *David A. Katseff* Date: 2/4/08  
David A. Katseff  
Print or Type Name  
President  
Title