

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 209 401.222.30

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 II) No. 1005	2. Name of Co	Name of Corporation NCO TOOL & DIE CO., INC.			
3. Street Address Principal Business Office 30 ALMEIDA AVENUE			EAST PROVIDENCE	State RI	Ζφ 02914
i. Business Phone No. 5. State of Incorporation RHODE ISLAND			- 1		
	MOLDS, TOOL	S AND DIES FOR PLASTICS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JOHN J. ANTERNI, JR.			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name KATHERINE L. GRADY		
Street Address 3 CARRIAGE TRAIL			Street Address 21 CATALPA AVENUE		
BARRINGTON	State RI	^{Zip} 02806	City RIVERSIDE	State RI	^{Ζφ} 02915
Secretary Name MARY LU MEDEIROS			Treasurer Name MARY LU MEDEIROS		
Street Address 17 PEACH ORCHARD DRIVE			Street Address 17 PEACH ORCHARD DRIVE		
city RIVERSIDE	State RI	^{Zip} 029 18	City- RIVERSIDE	State RI	<i>Ζip</i> 02915
JOHN J. ANTERNI	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) THE FILL IN SPA Director Name ELIZABETH J. ANTERN		ING ATTACHMENTS
Street Address 40 HOLLAND AVENUE			Street Address 40 HOLLAND AVENUE		
Tity RIVERSIDE Director Name	State RI	^{Ζφ} 02915	RIVERSIDE	State RI	<i>Ζφ</i> 02915
itreet Address			Director Name		
			Street Address		
Жıy	State	Zip	City	State	Zip
. SHARES AUTHORIZED	· · · · · · · · · · · · · · · · · · ·		: 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		
This information is currently of record in the Office of the Secretary of		Number of Shares	Class/Series	Par Value	
State. Changes require an instruction sheet.	ı additional filing.	See Section 9 of	0		
his report must be execut	ed on behalf of th	ne corporation by an authorized corporation by the receiver of	d representative. If the corpora	ation is in the hand	ds of a receiver or trust

FILED	
The Date JAN 2 9 2009 Check No. By:	-
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have exa	mined this report,
including any accompanying schedules and statements, and	that all statements
contained herein are true and correct.	, ,
Markau Medura	1/27/09
Signature Date	101/01
MARY LU MEDEIROS	
Print or Type Name	
SECRETARY	
Title	