

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street

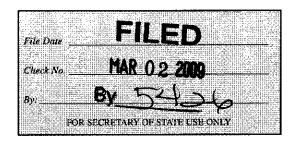
Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

7.1.2.1501(a) 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.		ang vi rejusing to jea to unite	as repair wenter wherey (50) may agree t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. Corporate ID No. 91295	2. Name of Corporation Replicast, Inc.				
3. Street Address Principal Business C 95 Hathaway Street, Suit	Office te 56		City Providence	State RI	^{Zip} 029 07
401-785-1301 RHODE ISLAN		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Any activities in any way rel	ating to the resin, cas	sting of various types			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			HMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Diane M. Pereira		
Michael R. Pereira Street Address 22 Washington Street			Street Address 22 Washington Street		
City Seekonk	State MA	Ζφ. 02771	Clip Seekonk	State MA	<i>Ζψ</i> 02771
Secretary Name Michael R. Pereira			Treasurer Name Diane M. Pereira		
Street Address 22 Washington Street			Street Address 22 Washington Street		
City Seekonk	State MA	^{Ζιμ} 0277 1	<i>сиу</i> Seekonk	State MA	^{Zip} 02771
8. NAMES AND ADDRESSES Director Name None	OF THE DIRECTORS	. ("X" BOX FOR ATT.	CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Ζίρ	City	State	Zip ·
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX POR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
			THE SECTOR		
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.

Michael R. Pereira

Print or Type Name

President

Title