

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 2009 4 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 GI 7-1.2-150 (kg) and comparation Gilling or March 1.0 (kg) and comparation Gilling o

1. Corporate 1D No. 53907	2. Name of Corpor		ng And Casting	, Inc	
3. Street Address Principal Business  Reah ST	Office		Schnston	State R	0291Q
4. Business Phone No. 401 24 274-4011 Phode I			sland		1000111
6. Brief Description of the Character	r of Business Conducted	l in Rhode Island	<u> </u>		
7. NAMES AND ADDRESSE	S OF THE OFFICE	ERS: ("X" BOX FOR ATTA	A <i>CHMENT)</i>   FILL IN SP	ACES BEFORE USING A	TTACHMENTS.
Dominas Dias			Vice President Name		
Street Address			Street Address		
19 Julian	AVE  state	Zip _	36 E1300 J	<u>)( ·</u>	
East Yrou.	] RI	<u> </u>	Liverside	R.I.	0295
Carla Dias			Domenic Dias		
26 EISON Dr			39 Main ST		
East Prov.	State LT	<b>0</b> 2915	East Prov.	State	Zip
3. NAMES AND ADDRESSES		ORS: ("X" BOX FOR AT		PACES BEFORE USING A	OPPOS ATTACHMENTS
Dominaus I	)ias		Director Name		
Street Address 14 Julian Ave			Street Address		
<sup>310</sup>	State	Zip ~~	City	State	Zip
Fast Mos	1 10-2	100414	Director Name		
Treet Address					
			Street Address		
ïη.	State	Zip	City	State	Zip
. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR 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
100 Comm NO PAR VA)UP					
his report must be executed	on behalf of the e	orporation by an authorize	d representative. If the corp	oration is in the hands of	a receiver or trustee
nis report must be executed of	m behan of the co	rporation by the receiver of	or trustee.		
- FII FF	1		Under penalty of perjudiction including any accompany	ry, I declare and affirm that language schedules and statement	I have examined this re
ile Date			contained herein are tr	ue and correct,	The state of the s
MAR 1 1 20	19)	-	Signature Signature	gos 'Rras	3-9-
By_838	8	-	Domina	as Dias	
ν:			Print or Type Name	∩ł	
FOR SECRETARY OF STA	TE USE ONLY		■ コーモンコリセク	1 <b>1 1</b> 1	