State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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 ID No.	2. Name of Corporation			
63971	MAGCO PLASTICS INC.			
3. Street Address Principal Business Office		City	State	Zip
4 ANN & HOPE WAY		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			
(401) 723-8200	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURE PLASTIC/RUBBER

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
KENNETH M. GAGNON SR	KENNETH M GAGNON JR
Street Address: POB 98	Street Address: 4 LONG MEADOW LANE
City: CUMBERLAND State: RI Zip: 02864	City: LINCOLN State: RI Zip: 02865
Secretary Name	**Treasurer Name**
KENNETH M. GAGNON SR	KENNETH M GAGNON SR
Street Address: SAME	Street Address: SAME
City: State: Zip:	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
KENNETH M. GAGNON SR	KENNETH M GAGNON JR
Street Address: POB 98	Street Address: 4 LONG MEADOW LN
City: CUMBERLAND State: RI Zip: 02864	City: LINCOLN State: RI Zip: 02865
Director Name	**Director Name**
HEIDI E. GAGNON	
Street Address: 3 HEIDI ROAD	Street Address:
City: LINCOLN State: RI Zip: 02865	City: State: Zip:

9. SHARES AUTHORIZED
1000 COM NO PAR VALUE

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COM	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.

[redacted]

FILED
File Date MAR 31 2009
Check No. 1965
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Kenneth M Gagnon Jr *Date* 3/30/09

KENNETH M GAGNON SR
Print or Type Name

President/CEO
Title

[redacted]

Form 630 Rev. 08/08