



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 2010**

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. 47363		2. Name of Corporation Cas-son, Inc.	
3. Street Address Principal Business Office 123 Legris Avenue			City West Warwick
		State RI	Zip 02893
4. Business Phone No. (401) 823-7260		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacturing			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert Casey		Vice President Name Thomas R. Casey	
Street Address 123 Legris Avenue		Street Address 123 Legris Avenue	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
Secretary Name Thomas R. Casey		Treasurer Name Robert Casey	
Street Address 123 Legris Avenue		Street Address 123 Legris Avenue	
City West Warwick	State RI	Zip 02893	City West Warwick
			State RI
			Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robert Casey		Director Name	
Street Address 123 Legris Avenue		Street Address	
City West Warwick	State RI	Zip 02893	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 FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 1,000	Class/Series Common
			Par Value 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.

File Date **FILED**

Check No. **FEB 19 2010**

By: **14391**

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 Robert Casey Date 2/12/10

Print or Type Name ROBERT CASEY

Title President