

2 Name of Corporation

1. Corporate 4) No.

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 2012

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(e) da subject to a penalty fee of \$25.00.

1131	Alliance	Mold & Machi	ne. Inc.		
i Mreci Address Principal Business Office 411 Chapel Street			Cuy Harrisville	State	Ζψ
4 Business Phone No.	-	5 State of Incorporation] narrisville	RI	02830
(401) 568-3839 Rhode Is.			and		
6 Brief Description of the Character	of Business Conducted in I	Rhode Island	W11 G	· · · · · · · · · · · · · · · · · · ·	
To engage in g	eneral mach	ine shóp.			
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPAC	CES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Richard Caya			Lori Cava		
Street Address 411 Chapel Street			Street Address		
			411 Chapel St		
Harrisville	State RI	02830	City	State	Zup
Secretary Name		1 02030	Harrisville	RI	02830
Richard Caya			Treasurer Name		
Street Address			Lori Caya		
411 Chapel Street			:		75
cap caraged	State	Zip	411 Chapel St	reet State	
Harrisville	RI	02830	:	i	
		UZOJU S:	: Harrisville	RI	02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT.			Director Name		
Richard Caya					≥ Şig≤
Street 4cidness			Street Address		3 3 5 6 6 6 7 6 7 6 7 6 7 7 7 7 7 7 7 7 7 7
411 Chapel Street				DIA.	
(Hy	State	Zip	City	State	- S
Harrisville	RI	02830			
Prector Name	. #	·/·····	Director Name		
Street Address			Street Address		
CITY	State	Zip	City	State	Zip
		1			
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X	C BOX FOR ATTAC	HMENT) 🗌
			ISSUED SHARES — THIS SECTIO	N <u>MUST</u> BE COMPLETEI	D
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
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his report must be executed	on behalf of the corp	oration by the receiver o	or trustee.		
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Check No.	БУ	+ 14.91 1	Signdture		Date 7
Check No.		100	Richard	Caya	
Ву:		11/2	Prim or Type Name		
			President/Secretary/Director		
FOR SECRETARY OF STA	ATE USE ONLY	_	Title		
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