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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 • **Email:** corporations@sos.ri.gov • **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
56392	ATLAS CASTING CO., INC.		
3. Principal office address	City	State	Zip
227 N. BROW ST.	EAST PROVIDENCE	R.I.	02914
4. Business Phone No.	5. State of Incorporation		
401-434-9160			
6. Brief description of the character of business conducted in Rhode Island			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
ANTONIO D. TAVARES	NONE
Street Address: 1 Belton DR.	Street Address:
City: BARRINGTON State: R.I. Zip: 02806	City: State: Zip:
Secretary Name	**Treasurer Name**
NONE	
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
NONE	
Street Address:	Street Address:
City: State: Zip:	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	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.	NONE	Common	NONE

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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 18 2013
By mne
CK # 1086

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.

Antonio D. Tavares 1/17/13
Signature of Authorized Representative Date

ANTONIO D. TAVARES
Print or Type Name of Authorized Representative

87795-20-811167