



**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

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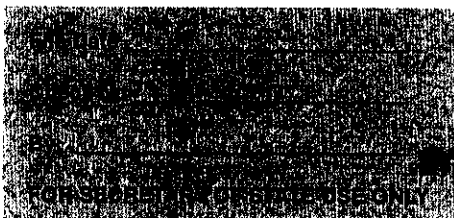
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

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.<br><b>36831</b>                                                                                                                           |                    | 2. Exact name of the Corporation<br><b>ANCO PLASTIC COMPONENTS, INC.</b> |                                                   |                     |                     |
| 3. Principal office address<br><b>30 Almeida Avenue</b>                                                                                                    |                    | City<br><b>East Providence</b>                                           | State<br><b>RI</b>                                | Zip<br><b>02914</b> |                     |
| 4. Business Phone No.<br><b>401-438-5860</b>                                                                                                               |                    | 5. State of Incorporation<br><b>Rhode Island</b>                         |                                                   |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Manufacturer of injection mold components for plastics industry</b>      |                    |                                                                          |                                                   |                     |                     |
| <b>OFFICERS AND DIRECTORS</b>                                                                                                                              |                    |                                                                          |                                                   |                     |                     |
| President Name<br><b>John J. Anterni, Jr.</b>                                                                                                              |                    |                                                                          | Vice-President Name<br><b>Donald J. Kirkorian</b> |                     |                     |
| Street Address<br><b>3 Carriage Trail</b>                                                                                                                  |                    |                                                                          | Street Address<br><b>169 Beachwood Drive</b>      |                     |                     |
| City<br><b>Barrington</b>                                                                                                                                  | State<br><b>RI</b> | Zip<br><b>02806</b>                                                      | City<br><b>Cranston</b>                           | State<br><b>RI</b>  | Zip<br><b>02921</b> |
| Secretary Name<br><b>Mary Lu Medeiros</b>                                                                                                                  |                    |                                                                          | Treasurer Name<br><b>Same</b>                     |                     |                     |
| Street Address<br><b>3 Logan Court</b>                                                                                                                     |                    |                                                                          | Street Address                                    |                     |                     |
| City<br><b>Seekonk</b>                                                                                                                                     | State<br><b>MA</b> | Zip<br><b>02771</b>                                                      | City                                              | State               | Zip                 |
| <b>DIRECTORS</b>                                                                                                                                           |                    |                                                                          |                                                   |                     |                     |
| Director Name<br><b>None</b>                                                                                                                               |                    |                                                                          | Director Name                                     |                     |                     |
| Street Address                                                                                                                                             |                    |                                                                          | Street Address                                    |                     |                     |
| City                                                                                                                                                       | State              | Zip                                                                      | City                                              | State               | Zip                 |
| Director Name                                                                                                                                              |                    |                                                                          | Director Name                                     |                     |                     |
| Street Address                                                                                                                                             |                    |                                                                          | Street Address                                    |                     |                     |
| City                                                                                                                                                       | State              | Zip                                                                      | City                                              | State               | Zip                 |
| <b>SHARES AUTHORIZED</b>                                                                                                                                   |                    |                                                                          |                                                   |                     |                     |
| <b>SHARES ISSUED (X) BOX FOR ATTACHMENT</b>                                                                                                                |                    |                                                                          |                                                   |                     |                     |
| 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           |                     |
| 1,000                                                                                                                                                      |                    | Common                                                                   |                                                   | 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.



**FILED**

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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 hereon are true and correct.

Signature of Authorized Representative

Date

**John J. Anterni, Jr. - President**

Print or Type Name of Authorized Representative