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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 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.	2. Exact name of the Corporation
36831	**ANCO PLASTIC COMPONENTS, INC.**

3. Principal office address	City	State	Zip
30 Almeida Avenue	**East Providence**	**RI**	**02914**

4. Business Phone No.	5. State of Incorporation
401-438-5860	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Manufacturer of injection mold components for plastics industry

7. LIST ALL OFFICERS' NAMES AND ADDRESSES | ☐ BOX FOR ATTACHMENT

President Name	Street Address	City	State	Zip
John J. Anterni, Jr.	**3 Carriage Trail**	**Barrington**	**RI**	**02806**

Vice-President Name	Street Address	City	State	Zip
Donald J. Kirkorian	**169 Beachwood Drive**	**Cranston**	**RI**	**02921**

Secretary Name	Street Address	City	State	Zip
Mary Lu Medeiros	**3 Logan Court**	**Seekonk**	**MA**	**02771**

Treasurer Name	Street Address	City	State	Zip
Same				

8. LIST ALL DIRECTORS' NAMES AND ADDRESSES | ☐ BOX FOR ATTACHMENT

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED | **10. SHARES ISSUED | ☐ BOX FOR ATTACHMENT**

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.

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 10 2014
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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 herein are true and correct.

Signature of Authorized Representative — Date 1/22/13

John J. Anterni, Jr. - President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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