

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 legible

i. Entity ID No. 19981		2. Exact name of the Corporation Accurate Molded Products, Inc.				
3. Principal office address 459 Warwick Industrial Drive			City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-739-2400			5. State of Incorporation Rhode Island			
. Brief description of the Plastic thermoforn		onducted in Rhode Islan	d			
LIST ALL OFFICERS	(NAMES AND ADDRE	SSES) ("X" BOX FOR A				
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A President Name Howard E. Devine, Jr.			Vice-President Name Howard E. Devine, Jr.			
Street Address 459 Warwick Industrial Drive			Street Address 459 Warwick Industrial Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zíp 02886	
Secretary Name Howard E. Devine, Jr.			Treasurer Name Howard E. Devine, Jr.			
Street Address 459 Warwick Industrial Drive			Street Address 459 Warwick Industrial Drive			
ity Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886	
	(NAMES AND ADDRI	ESSES) ("X" BOX FOR	ATTACHMENT)			
irector Name Howard E. Devine,	Jr.		Director Name			
treet Address 459 Warwick Indus	trial Drive		Street Address	The state of the s		
ity Warwick	State RI	Zip 02886	City	State	Zip	
irector Name		•	Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARÉS ISSUED	("X" BOX FOR ATTAC	HMENT)	
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his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.		100	common	no par		
e Section 9 of Instructi	on sneet.				Ì	
his report must be execu		rporation by an authorize be executed on behalf of		corporation is in the hand eceiver or trustee.	s of a receiver or trustee,	
File Date	e Date FILED		Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemer and that all statements contained herein are true and correct.			
Check No		FEB 2 7 2014	Heren Reme 1/29/14			
By:		4043	Signature of Authori	•	Date	
FOR SECRETARY OF S	TATE USE ONLY*/			E. Devine	~~~ ~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	the second secon		Drint or Tuno Nome	of Authorized Representa	ntivo.	

Form No. 630 Revised: 01/2012