

## 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

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.		ne of the Cornoration	MHOH SI WILL RES	OLI IN A 925.00 PEN	ALITEE,	
36831	i i	2. Exact name of the Corporation  ANCO PLASTIC COMPONENTS, INC.				
30031	7		,			
Principal office address     Almeida Avenue			City East Providence	e State	Zip <b>02914</b>	
4. Business Phone No. 401-438-5860			5. State of Incorporation Rhode Island			
•		s conducted in Rhode Islan				
Manufacturer of in	ijection mold co	mponents for plastic	cs industry			
		The section of the se				
President Name John J. Anterni, Jr.			Vice-President Name John J. Anterni, Jr.			
Street Address 121 Palmer River Road			Street Address 121 Palmer River Road			
City <b>Swansea</b>	State MA	Zip <b>02777</b>	City Swansea	State MA	Zip <b>02777</b>	
Secretary Name Mary Lu Medeiros		····	Treasurer Name John J. Anterni, Jr.			
Street Address 3 Logan Court			Street Address 121 Palmer River Road			
City <b>Seekonk</b>	State MA	Zip 02771	City Swansea	State <b>MA</b>	Zip <b>02777</b>	
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Director Name None			Director Name			
Street Address			Street Address			
O.h.	Chata	7:-	O.			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City State		Zip	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			1,000	Common	No Par	
See Section 9 of instruct	don sneet					
This report must be exec	uted on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or truste	

this report must be executed on behalf of the corporation by the receiver or trustee.

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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 confi Elerare true and correct.

Signature of Authorized Representative

John J. Anterni, Jr., President

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative