



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 2016

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. 36831		2. Exact name of the Corporation ANCO PLASTIC COMPONENTS, INC.			
3. Principal office address 30 Almeida Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-5860			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Manufacturer of injection mold components for plastics industry					
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 Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Mary Lu Medeiros			Treasurer Name John J. Anterni, Jr.		
Street Address 3 Logan Court			Street Address 121 Palmer River Road		
City Seekonk	State MA	Zip 02771	City Swansea	State MA	Zip 02777
Director Name None			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
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

JAN 24 2016

By KL5034

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.

John J. Anterni, Jr. 1/13/16
 Signature of Authorized Representative Date

John J. Anterni, Jr., President

Print or Type Name of Authorized Representative