



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 12052		2. Exact name of the Corporation MONO DIE CUTTING CO., INC.			
3. Principal Office Address 7 HEMINGWAY DRIVE			City RIVERSIDE	State RI	Zip 02915
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island GENERAL DIE CUTTING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALFRED T. MORRIS, JR.			Vice-President Name		
Street Address 945 WARREN AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name ALFRED T MORRIS JR.			Treasurer Name ALRED T MORRIS JR.		
Street Address 945 WARREN AVENUE			Street Address 945 WARREN AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALFRED T MORRIS JR.			Director Name JOAN M MORRIS		
Street Address 945 WARREN AVENUE			Street Address 945 WARREN AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		9,070		COMMON	NO PAR VALUE
11. 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.					
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.					
Name of Authorized Representative ALFRED T MORRIS JR				Date 2-6-17	
Signature of Authorized Representative 				FILED FEB 08 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
FEB 08 2017
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