



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 1005		2. Exact name of the Corporation ANCO TOOL & DIE CO., INC.			
3. Principal Office Address 30 ALMEIDA AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island MANUFACTURER AND REPAIR OF MOLDS, TOOLS AND DIES FOR PLASTICS INDUSTRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN J. ANTERNI, JR.			Vice-President Name KATHERINE L. GRADY		
Street Address 121 PALMER RIVER ROAD			Street Address 21 CATALPA AVENUE		
City SWANSEA	State MA	Zip 02777	City RIVERSIDE	State RI	Zip 02915
Secretary Name MARY LU MEDEIROS			Treasurer Name MARY LU MEDEIROS		
Street Address 3 LOGAN COURT			Street Address 3 LOGAN COURT		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELIZABETH J. ANTERNI			Director Name		
Street Address 33 BULLOCKS POINT AVE, #1A			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
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
			0		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 MARY LU MEDEIROS				Date 2/9/17	
Signature of Authorized Representative <i>Mary Lu Medeiros</i>				FILED	

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

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BY 27154 **FORM 630 - Revised: 02/2017**