




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 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. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Plastic thermoforming			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 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		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Howard E. Devine, Jr.			Director Name		
Street Address 459 Warwick Industrial Drive			Street Address		
City Warwick	State RI	Zip 02886	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	PAR VALUE
		100		common	no par
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 Howard E. Devine Jr					Date 1/24/17
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE

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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