



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

Annual Report for the year: 2018
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 20758 | | 2. Exact name of the Corporation RIDCO, INC. | | | |
| 3. Principal Office Address 6 Beverage Hill Avenue | | | City Pawtucket | State RI | Zip 02860 |
| 4. NAICS Code 331511 | | 6. Brief description of the character of business conducted in Rhode Island The sale of die casting materials | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Jeffrey A. Cohen | | | Vice-President Name Andrew P. Lewis | | |
| Street Address 6 Beverage Hill Avenue | | | Street Address 6 Beverage Hill Avenue | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 |
| Secretary Name Jake Cohen | | | Treasurer Name Stanley I. Cohen | | |
| Street Address 6 Beverage Hill Avenue | | | Street Address 6 Beverage Hill Avenue | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | 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 |
| 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 |
| | | | 50 | | Class A Common |
| | | | | | PAR VALUE |
| | | | | | 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 Jeffrey A. Cohen | | | | | Date 1-19-18 |
| Signature of Authorized Representative SIGN DOCUMENT HERE FILED | | | | | |