RI SOS Filing Number: 201857908280 Date: 2/8/2018 4:00:00 PM

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	2. Exact name of the Corporation
12052	MONO DIE CUTTING CO., INC.

3. Principal Office Address	City	State	Zip
7 HEMINGWAY DRIVE	RIVERSIDE	RI	02915

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
322200	GENERAL DIE CUTTING SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
ALFRED T. MORRIS, JR.	945 WARREN AVENUE	EAST PROVIDENCE	RI	02914

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
ALFRED T. MORRIS, JR.	945 WARREN AVENUE	EAST PROVIDENCE	RI	02914

Treasurer Name	Street Address	City	State	Zip
ALFRED T. MORRIS, JR.	945 WARREN AVENUE	EAST PROVIDENCE	RI	02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
ALFRED T. MORRIS, JR.	945 WARREN AVENUE	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
JOAN M. MORRIS	945 WARREN AVENUE	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	9,070	COMMON	NO PAR VALUE
Changes require an additional filing.			

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	Date
ALFRED T. MORRIS, JR.	FILED FEB 08 2018

Signature of Authorized Representative ✓

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

BY 21471

FORM 630 - Revised: 10/2017