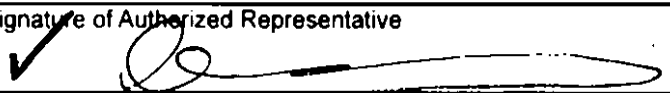
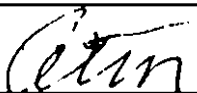




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 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 322200		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 ☐					
President Name ALFRED T. MORRIS, JR.			Vice-President Name NONE		
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 ALFRED 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 ☐					
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 9,070	CLASS/SERIES 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 ALFRED T. MORRIS, JR.				Date 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