



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entry ID No 56392		2. Exact name of the Corporation ATLAS Casting Co., INC	
3. Principal office address 337 NORTH BROWN ST		City EAST PROVIDENCE	State RI
4. Business Phone No 401-434-9160		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Jewelry White Metal Casting MFG.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒ 33910			
President Name ANTONIO D. TAVARES		Vice-President Name	
Street Address 1 BELTON DRIVE		Street Address	
City BARRINGTON	State R.I.	City	State
Zip 02806		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES NONE	CLASS/SERIES COMMON
		PAR VALUE NONE	

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.

File Date _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 08 2018

BY _____

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.

Signature of Authorized Representative

Date

Antonio D. Tavares

Print or Type Name of Authorized Representative

2/5/2018

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