



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 66809		2. Exact name of the Corporation Matrix Casting Co., Inc.			
3. Principal Office Address 115 Pennsylvania Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Process jewelry and other related items			
5. State of Incorporation RI		315990			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arlindo M. Borges			Vice-President Name Arlindo M. Borges		
Street Address 4 Tray Hollow Road			Street Address 4 Tray Hollow Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Arlindo M. Borges			Treasurer Name Arlindo M. Borges		
Street Address 4 Tray Hollow Road			Street Address 4 Tray Hollow Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arlindo M. Borges			Director Name		
Street Address 4 Tray Hollow Road			Street Address		
City Foster	State RI	Zip 02825	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
		200		common	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 Arlindo M. Borges				Date 2-19-18	
Signature of Authorized Representative <i>Arlindo M. Borges</i> FILED					

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

FEB 22 2018
 BY 7232 DS FORM 630 - Revised: 02/2017