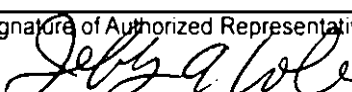




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 20152		2. Exact name of the Corporation RIDCO CASTING CO.	
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 Die casting.		
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	City Pawtucket	State RI
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	City Pawtucket	State RI
Zip 02860		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	C. ASSISFRIFS
		PAR VALUE	
		50	Class A Common
		50	No Par Value
		50	Class B Common
		50	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 1-11-19
Signature of Authorized Representative 			SIGN DOCUMENT HERE

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

FILED

JAN 11 2019

FORM 630 - Revised: 10/2017

BY 2018 DS