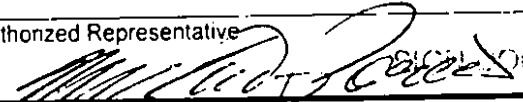




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 91295		2. Exact name of the Corporation Replicast, Inc.			
3. Principal Office Address 95 Hathaway Street, Suite 56			City Providence	State RI	Zip 02907
4. NAICS Code 812990 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Activities in any way relating to the resin and casting of various types.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael R. Pereira			Vice-President Name Diane M. Pereira		
Street Address 22 Washington Street			Street Address 22 Washington Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Michael R. Pereira			Treasurer Name Diane M. Pereira		
Street Address 22 Washington Street			Street Address 22 Washington Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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
		100		Common	No Par
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 Michael R. Pereira, President				Date 2-6-2019	
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

FEB 11 2019

FORM 630 - Revised: 10/2016

BY 7963 DS