

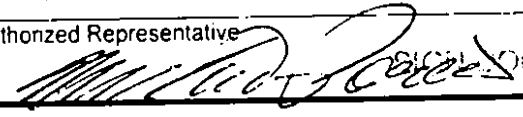


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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		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.	
4. NAICS Code 812990 81 - Other Services (except Pul		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	City Seekonk	State MA
Zip 02771		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	City Seekonk	State MA
Zip 02771		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES		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

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