



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

**FILED**

STAMP  
 FEB 11 2019

**Annual Report for the year: 2019**  
**Corporation**

BY 2697  
*all*

- 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 <b>000005846</b>		2. Exact name of the Corporation <b>D P's Casting Company</b>			
3. Principal Office Address <b>350 Kinsley Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>331410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Die Casting of Metals</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Donald A. Poons</b>			Vice-President Name <b>Donald A. Poons</b>		
Street Address <b>22 Cady Lane</b>			Street Address <b>same</b>		
City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name <b>Donald A. Poons</b>			Treasurer Name <b>Donald A. Poons</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
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 <b>This information is currently of record in the Department of State.</b>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>
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.					
<b>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.</b>					
Name of Authorized Representative				Date <b>1/30/19</b>	
Signature of Authorized Representative <i>Donald A Poons</i>				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