



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

**FILED**

**Annual Report for the year: 2020**  
**Corporation**

FEB 24 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY *Mary L. Medeiros*  
*DS*

|  |                    |   |   |                          |                     |
|--|--------------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number<br><b>1005</b>   |                    | 2. Exact name of the Corporation<br><b>Anco Tool &amp; Die Co., Inc.</b>  |   |                          |                     |
| 3. Principal Office Address<br><b>30 Almeida Avenue</b>  |                    |   | City<br><b>East Providence</b>  | State<br><b>RI</b>       | Zip<br><b>02914</b> |
| 4. NAICS Code<br><b>31-33</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Repairs of molds, tools, dies for plastics industry</b> |   |                          |                     |
| 5. State of Incorporation<br><b>RI</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<br><b>John J. Anterni, Jr.</b>  |                    |   | Vice-President Name<br><b>Katherine L. Grady</b>  |                          |                     |
| Street Address<br><b>121 Palmer River Road</b>   |                    |   | Street Address<br><b>21 Catalpa Avenue</b>  |                          |                     |
| City<br><b>Swansea</b>   | State<br><b>MA</b> | Zip<br><b>02777</b>   | City<br><b>Riverside</b>  | State<br><b>RI</b>       | Zip<br><b>02915</b> |
| Secretary Name<br><b>Mary L. Medeiros</b>  |                    |   | Treasurer Name<br><b>Mary L. Medeiros</b>   |                          |                     |
| Street Address<br><b>3 Logan Ct.</b>   |                    |   | Street Address<br><b>3 Logan Ct.</b>  |                          |                     |
| City<br><b>Seekonk</b>   | State<br><b>MA</b> | Zip<br><b>02771</b>   | City<br><b>Seekonk</b>  | State<br><b>MA</b>       | Zip<br><b>02771</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                          |                     |
| Director Name<br><b>Elizabeth J. anterni</b>   |                    |   | Director Name   |                          |                     |
| Street Address<br><b>33 Bullocks Point Ave, #1A</b>  |                    |   | Street Address  |                          |                     |
| City<br><b>Riverside</b>   | State<br><b>RI</b> | Zip<br><b>02915</b>   | City  | State                    | Zip                 |
| Director Name  |                    |   | Director Name   |                          |                     |
| Street Address   |                    |   | Street Address  |                          |                     |
| City   | State              | Zip   | City  | State                    | Zip                 |
| 9. Shares Authorized   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                          |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES  |                          | PAR VALUE           |
|  |                    |   | <b>0</b>  |                          | <b>0</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.<br><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<br><b>Mary L. Medeiros</b>   |                    |   |   | Date<br><b>2/18/2020</b> |                     |
| Signature of Authorized Representative<br><i>Mary L. Medeiros</i>  |                    |   |   |                          |                     |