



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2020 FEB 27 PM 12:09

1. Entity ID Number 12055		2. Exact name of the Corporation MONO STEEL RULE DIE CO, INC.			
3. Principal Office Address 560 MINERAL SPRING AVENUE 2-142			City PAWTUCKET		State RI
			Zip 02860		
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING OF STEEL RULE DIES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL J VERPAELST			Vice-President Name MICHAEL J VERPAELST		
Street Address 560 MINERAL SPRING AVENUE 2-142			Street Address 560 MINERAL SPRING AVENUE 2-142		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name MICHAEL J VERPAELST			Treasurer Name MICHAEL J VERPAELST		
Street Address 560 MINERAL SPRING AVENUE 2-142			Street Address 560 MINERAL SPRING AVENUE 2-142		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL J VERPAELST			Director Name		
Street Address 560 MINERAL SPRING AVENUE 2-142			Street Address		
City PAWTUCKET	State RI	Zip 02860	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
			1000	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 J VERPAELST					Date 2-17-2020
Signature of Authorized Representative <i>Michael J Verpaelst</i>					FILED 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

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