



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
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAR 12 P 1:15

1. Entity ID Number 000036551		2. Exact name of the Corporation MasterCast, Ltd.			
3. Principal Office Address 56 Barnes Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture and distribution of lucite embedment products and advertising specialty items			
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 David A. Katseff			Vice-President Name Joshua I. Katseff		
Street Address 4 Apple Valley Drive			Street Address 4 Apple Valley Drive		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name David Katseff			Treasurer Name David Katseff		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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		
			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 DAVID A KATSEFF					Date 2/28/20
Signature of Authorized Representative <i>David A Katseff</i>					FILED

MAR 12 2020

BY *165216*