



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number 20752		2. Exact name of the Corporation RIDCO CASTING CO.			
3. Principal Office Address 6 Beverage Hill Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 33511		6. Brief description of the character of business conducted in Rhode Island Die casting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jeffrey A. Cohen			Vice-President Name Andrew P. Lewis		
Street Address 6 Beverage Hill Avenue			Street Address 6 Beverage Hill Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Jake Cohen			Treasurer Name Stanley I. Cohen		
Street Address 6 Beverage Hill Avenue			Street Address 6 Beverage Hill Avenue		
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 ☐					
Director Name			Director Name		
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	Class A Common	No Par Value
			50	Class B Common	No Par Value
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 Jeffrey A. Cohen					Date 1-15-2021
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