



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

Annual Report for the year: 2023
Corporation

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

FILED
 FEB 21 2023
 BY 49056

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 <input type="checkbox"/>						
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 <input type="checkbox"/>						
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			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		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 2-13-23	
Signature of Authorized Representative 						

MAIL TO:
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 Website: www.sos.ri.gov