



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 08 2023 STAMP
1058
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 12052		2. Exact name of the Corporation MONO DIE CUTTING CO., INC.	
3. Principal Office Address 7 HEMINGWAY DRIVE		City RIVERSIDE	State RI
		Zip 02915	
4. NAICS Code 322200	6. Brief description of the character of business conducted in Rhode Island GENERAL DIE CUTTING SERVICES		
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 ALFRED T. MORRIS, JR.		Vice-President Name	
Street Address 945 WARREN AVENUE		Street Address	
City EAST PROVIDENCE	State RI	Zip 02914	
Secretary Name ALFRED T. MORRIS, JR.		Treasurer Name ALFRED T. MORRIS, JR.	
Street Address 945 WARREN AVENUE		Street Address 945 WARREN AVENUE	
City EAST PROVIDENCE	State RI	Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ALFRED T. MORRIS, JR.		Director Name JOAN M. MORRIS	
Street Address 945 WARREN AVENUE		Street Address 945 WARREN AVENUE	
City EAST PROVIDENCE	State RI	Zip 02914	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 9,070	CLASS/SERIES COMMON
		PAR VALUE NO PAR VALU	
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 ALFRED T. MORRIS, JR.		Date 5/4/23	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov