



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 04 2024

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1. Entity ID Number 66809		2. Exact name of the Corporation Matrix Casting Co., Inc.			
3. Principal Office Address 115 Pennsylvania Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 31-33-Manufacturing		6. Brief description of the character of business conducted in Rhode Island Process jewelry and other related items			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arlindo Borges			Vice-President Name Arlindo Borges		
Street Address 4 Tray Hollow Road			Street Address 4 Tray Hollow Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Arlindo Borges			Treasurer Name Arlindo Borges		
Street Address 4 Tray Hollow Road			Street Address 4 Tray Hollow Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arlindo Borges			Director Name		
Street Address 4 Tray Hollow Road			Street Address		
City Foster	State RI	Zip 02825	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		
			100		
			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 Arlindo Borges					Date 3-14-24
Signature of Authorized Representative Arlindo M. Borges					