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**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024 Amended  
Corporation

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

1. Entity ID Number <u>000059953</u>		2. Exact name of the Corporation <u>Future Case Corp.</u>			
3. Principal Office Address <u>27 Mill Street</u>			City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>322219</u>		6. Brief description of the character of business conducted in Rhode Island <u>The manufacture and sale of Metal Boxes</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Marcio Gimarelli</u>			Vice-President Name <u>Christopher Gimarelli</u>		
Street Address <u>240 Wilbur Ave</u>			Street Address <u>34 Carrie Ann Drive</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02921</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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	CLASS/SERIS	PAR VALUE	
		<u>600</u>	<u>CNP</u>	<u>0</u>	
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. <b>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.</b>					
Name of Authorized Representative <u>Christopher Gimarelli</u>				FILED	Date <u>10-2-2024</u>
Signature of Authorized Representative 				OCT 02 2024 	

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

BY KS  
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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

October 02, 2024 11:27 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

