RI SOS Filing Number: 202329157920 Date: 2/21/2023 4:00:00 PM

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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

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1. Entity ID Number	2. Exact nam	e of the Corporation	on			·		
20752	RIDCO C	RIDCO CASTING CO.						
3. Principal Office Address	ddress				State	Zip		
6 Beverage Hill Avenue	rage Hill Avenue		Pawtucket		Ri	02860		
5. State of Incorporation	6. Brief desc Die casting		cter of business co	onducted in Rhode	Island	-		
7. List ALL officers (names a	and addresses)	-	-	Check	k the box to i	ndicate 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 Pawtuck		State RI	Zip <b>02860</b>		
Secretary Name Jake Cohen	me Jake Cohen			Treasurer Name Stanley I. Cohen				
Street Address 6 Beverage F	lill Avenue		Street Address	6 Beverage Hill A				
City Pawtucket	State RI	Zîp <b>02860</b>			State RI	<sup>Zip</sup> 02860		
8. List ALL directors (names	and addresses)				k the box to i	indicate an attachment [		
Director Name			Director Name	!				
Street Address		<u> </u>	Street Address	<b>3</b>		<del></del>		
City	State	Zîp	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issued				indicate an attachment		
This information is currently Department of State.			OF SHARES	CLASS/SERIFS Class A Common		No Par Value		
Changes require an additional filing.		50		Class B Common		No Par Value		
11. This report must be exe					poration is in	the hands of a receiver o		
trustee, this report must be						- abadulaa aad		
Under penalty of perjury, statements, and that all s				nciuding any acco	mpanying s	schequies and		
Name of Authorized Repres				-	Date	-13-23		
Signature of Authorized Re	presentative	SIGNE	KILKI NA PERS		<u> </u>	() 40 _		

MAIL TO: Division of Business Services

148 W. River-Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov