

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002820

1. Entity Name
UNCAS MANUFACTURING COMPANY



Principal Place of Business

**7751 KINGSPPOINT PKWY
SUITE 120
ORLANDO, FL 32819**

Mailing Address

**150 NIAHTIC AVENUE
PROVIDENCE, RI 02907**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0230250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORSINI, CHRISTOPHER S
7751 KINGSPPOINT PKWY
SUITE 120
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	CORSINI, JOHN M
STREET ADDRESS	150 NIAHTIC AVENUE
CITY-ST-ZIP	PROVIDENCE, RI 02907
TITLE	DV
NAME	CORSINI, CHRISTOPHER S
STREET ADDRESS	7751 KINGSPPOINT PKWY SUITE 120
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	SD
NAME	BRITTO, MICHAEL A
STREET ADDRESS	150 NIAHTIC AVENUE
CITY-ST-ZIP	PROVIDENCE, RI 02907
TITLE	D
NAME	DAVIS, ANDREW H JR.
STREET ADDRESS	101 DYER STREET
CITY-ST-ZIP	PROVIDENCE, RI 02903
TITLE	D
NAME	HOROWITZ, DONALD S
STREET ADDRESS	150 NIAHTIC AVENUE
CITY-ST-ZIP	PROVIDENCE, RI 02907
TITLE	D
NAME	SORRENTINO, STANLEY L
STREET ADDRESS	150 NIAHTIC AVENUE
CITY-ST-ZIP	PROVIDENCE, RI 02907

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Corsini **JOHN M. CORSINI**

Date

1/4/07

Daytime Phone #

401-944-4700