

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002820

FILED
Jan 08, 2009
Secretary of State

Entity Name: UNCAS MANUFACTURING COMPANY

Current Principal Place of Business:

7751 KINGSPPOINT PKWY
SUITE 120
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

150 NIAHTIC AVENUE
PROVIDENCE, RI 02907

New Mailing Address:

FEI Number: 05-0230250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCT () Delete
Name: CORSINI, JOHN M
Address: 150 NIAHTIC AVENUE
City-St-Zip: PROVIDENCE, RI 02907

Title: DV () Delete
Name: CORSINI, CHRISTOPHER S
Address: 7751 KINGSPPOINT PKWY SUITE 120
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: BRITTO, MICHAEL A
Address: 150 NIAHTIC AVENUE
City-St-Zip: PROVIDENCE, RI 02907

Title: D () Delete
Name: DAVIS, ANDREW H JR.
Address: 101 DYER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: D () Delete
Name: HOROWITZ, DONALD S
Address: 150 NIAHTIC AVENUE
City-St-Zip: PROVIDENCE, RI 02907

Title: D () Delete
Name: SORRENTINO, STANLEY L
Address: 150 NIAHTIC AVENUE
City-St-Zip: PROVIDENCE, RI 02907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BRITTO

S

01/08/2009

Electronic Signature of Signing Officer or Director

Date