



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|--------------------|--|------------------------|--|
| 1. Entity ID No. 4687 | | 2. Exact name of the Corporation Conley Casting Supply Corp. | | |
| 3. Principal office address 124 Maple Street | | City Warwick | State RI | Zip 02886 |
| 4. Business Phone No. 401-785-9500 | | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island Marketing and sale of high frequency casting machines, wax, and other related products, and any other lawful purpose | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name Arthur T. Francis | | Vice-President Name | | |
| Street Address 124 Maple Street | | Street Address | | |
| City Warwick | State RI | Zip 02886 | City | State Zip |
| Secretary Name Arthur T. Francis | | Treasurer Name Arthur T. Francis | | |
| Street Address 124 Maple Street | | Street Address 124 Maple Street | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI Zip 02886 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name Arthur T. Francis | | Director Name | | |
| Street Address 124 Maple Street | | Street Address | | |
| City Warwick | State RI | Zip 02886 | City | State Zip |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State Zip |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | 500 | Common | No par |

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

FILED
 FEB 08 2016
 015824

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.
 Signature of Authorized Representative: *Arthur T. Francis* Date: 2/3/16
Arthur T. Francis, Director
 Print or Type Name of Authorized Representative