



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: **2020**
 Corporation

FEB 24 2020
 002760

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 423510		6. Brief description of the character of business conducted in Rhode Island Marketing & sale of high frequency casting machines, wax, and other related products, and any other lawful purpose			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an 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)					Check the box to indicate an 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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
			500	Common	No par
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.					
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.					
Name of Authorized Representative Arthur T. Francis, President				Date 1/15/20	
Signature of Authorized Representative 					

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