



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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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 RI DEPT OF STATE
 BUSINESS DIVISION

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 31-33- manufacturing		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 ST.			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 ST.			Street Address 1121 POWDER HILL ROAD		
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 ST.			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.		NUMBER OF SHARES		CLASS/SFRIFS	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 3/8/21
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.n.gov

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