



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED

MAY 03 2023

BY 5227

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 <i>casting</i>		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 02888	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 02888	City Warwick	State RI	Zip 02888
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 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			500		common
					PAR VALUE
					\$10.00
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					Date 4/11/23
Signature of Authorized Representative 					

MAIL TO:
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