




**State of Rhode Island
Department of State - Business Services Division**

REC'D RI005 BSO
24 APR 29 PM 12:48:27

Annual Report for the year: **2024**

Corporation

- 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 02888
4. NAICS Code 423510		6. Brief description of the character of business conducted in Rhode Island To market and sale high frequency machines, wax, and other related products, and any other lawful purpose.			
5. State of Incorporation Rhode Island					
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 none		
Street Address 124 Maple Street			Street Address		
City Warwick		State RI	Zip 02888	City	
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		State RI	
Zip 02888		City Warwick		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 none		
Street Address 124 Maple Street			Street Address		
City Warwick		State RI	Zip 02888	City	
Director Name none			Director Name none		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		Zip	
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	common	\$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 4.29.24	
Signature of Authorized Representative 				APR 29 2024 BY XRmy2	

MAIL TO:
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Website: www.sos.ri.gov