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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	*2. Name of Corporation*			
21200	Riverview Soldering Co., Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1180 Douglas Avenue		North Providence	RI	02904
4. Business Phone No.	*5. State of Incorporation*			
401-353-7711	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Jewelry soldering, metal fabrication and all other related Lawful Business

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Ann Reo Mello			Ann Reo Mello		
Street Address			*Street Address*		
5 Pine Lane			5 Pine Lane		
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			*Treasurer Name*		
Anthony Reo			Louis Reo		
Street Address			*Street Address*		
5 Pine Lane			48 Pleasent View Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Greenville	RI	02828

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Ann Reo Mello			Louis Reo		
Street Address			*Street Address*		
5 Pine Lane			48 Pleasent View Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Greenville	RI	02828
Director Name			*Director Name*		
Anthony Reo					
Street Address			*Street Address*		
5 Pine Lane					
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	Common	No Par Value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
600	Common	NPV

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.

[redacted] [redacted]

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 *Date* 1-8-08

Ann Reo Mello
Print or Type Name

[redacted] President
Title

File Date FILED
Check JAN 09 2008
By 1591
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Form 630 Rev. 12/06

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