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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			
8005	SAMIC MFG. COMPANY			
3. Street Address Principal Business Office		City	State	Zip
184 Woonasquatucket Avenue		North Providence	RI	02911-0000
4. Business Phone No.	5. State of Incorporation			
(401) 231-5600	RI			
6. Brief Description of the Character of Business Conducted in Rhode Island				
manufacturing of metals				

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

President Name			Vice President Name		
Salvatore W. Piscione			Michael J. Tomao		
Street Address			Street Address		
3 Red Robin Road			11 Theresa Street		
City	State	Zip	City	State	Zip
Cranston	RI	02920-	Johnston	RI	02919-
Secretary Name			Treasurer Name		
Salvatore W. Piscione			Kevin Piscione		
Street Address			Street Address		
3 Red Robin Road			3 Red Robin Road		
City	State	Zip	City	State	Zip
Cranston	RI	02920-	Cranston	RI	02920-

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

Director Name			Director Name		
Salvatore W. Piscione			Michael J. Tomao		
Street Address			Street Address		
3 Red Robin Road			11 Theresa Street		
City	State	Zip	City	State	Zip
Cranston	RI	02920-	Johnston	RI	02919-
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600	Common	No Par	200	Common	No Par
400	Class A	No Par	200	Class A	No Par
400	Class B	No Par	0	Common	No Par

THIS SECTION MUST BE COMPLETED

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]

FILED
JAN 09 2008
By 1678 mnc

File Date FILED
JAN 09 2008
Check No. 1678
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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.

Salvatore W Piscione 1/07/08
Signature *Date*

Salvatore W. Piscione
Print or Type Name

President
Title

[redacted]