



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 02904-261  
401.222.304

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

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. <u>33288</u>		2. Name of Corporation <u>ALUMINUM &amp; COPPER RECYCLING INC</u>		
3. Street Address Principal Business Office <u>68 SALEM STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>
4. Business Phone No. <u>785-1200</u>		5. State of Incorporation <u>RI</u>		
5. Brief Description of the Character of Business Conducted in Rhode Island <u>SCRAP METAL</u>				

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

President Name <u>WALTER BEHM JR</u>			Vice President Name <u>WALTER BEHM III</u>		
Street Address <u>99 GREENING LANE</u>			Street Address <u>32 SEAVIEW AVE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>
Secretary Name <u>MAUREEN K BEHM</u>			Treasurer Name <u>WALTER BEHM JR</u>		
Street Address <u>99 GREENING LANE</u>			Street Address <u>99 GREENING LANE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
<u>500</u>	<u>NO PAR VALUE</u>	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
<u>500</u>		

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.

**FILED**  
File Date FEB 04 2008  
Check No. 7613 mnc  
By: [Signature]

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 [Signature] Date JAN. 31, 2008  
Print or Type Name MAUREEN K BEHM