



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 & 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