

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. law (R.I.G.L. 7-1.2-1501(c&d)) is			to file its annual report within	thirty (30) days after the	time prescribed by	
1. Corporate ID No.	2. Name of Corporation					
52762	METALLURGI(CAL SOLUTIONS.	INC.			
3. Street Address Principal Business Office			City	State	Zip	
85 ALDRICH STREET 4. Business Phone No. 5. State of Incorporation			PROVIDENCE	RI	02905	
		RHODE ISLAND				
6. Brief Description of the Character of	Business Conducted in Rh	ode Island				
GENERAL METALLURGY	AND RELATED	FIELDS				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	HMENT) [FILL IN SPACE Vice President Name	S BEFORE USING ATTA	ACHMENTS	
President Name JOHN J. O'MEARA			GREGORY W. DEXTER			
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE			
City	State	Zip	City	State	Zip	
Secretary Name		l	Treasurer Name	I		
JOHN J. O'MEARA			GREGORY W. DEXTER			
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE			
City	State	Zip	City	State	Zф	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name JOHN J. O'MEARA Street Address			Director Name GREGORY W. DEXTER Street Address			
SAME AS ABOVE			SAME AS ABOVE			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
9 SHARES AUTHORIZED (")	C" ROY FOR ATTACK	HMENT) □	10 SHADES ISSUED ("V"	DOV BOD ATTACHMEN	omo □	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares C	Jass/Series F	Par Value	Number of Shares	Class/Series ;	Par Value	
8,000 COMM NO PAR VALUE			100	CLASS A COMMON	NO PAR VALUE	
			7900	CLASS B COMMON	NO PAR FALUE	
This report must be executed or this report must be executed or		-		tion is in the hands of a	receiver or trustee,	

File Date FILED	_			
Check No. FFB 1 9 2008	_			
By: By 1008	_			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm that I hincluding any accompanying schedules and statement	
contained herein are true and correct.	is, and that an placements
Solu J. Oryean	2-1-08
Signature L	Date
JOHN J. O'MEARA	
Print or Type Name	
PRESIDENT	
Title	

Form 630 Rev. 12/06