

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 falling 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(e3d)) is subject to a penalty fee of \$25.00.

| 1. Corporate ID No. 14800 | 2. Name of Corporation KELLEY METALS CORP. | | | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| 3. Street Address Principal Business Office 115 VALLEY STREET | | | EAST PROVIDENCE | State RI | 7ip 02914 |
| 4. Business Phone No. 401-434-8795 | | 5. State of Incorporation RHODE ISLANI | | | |
| 6. Brief Description of the Character REFINER OF PRECIOUS | of Business Conduct METALS | ed in Rhode Island | | | |
| 7. NAMES AND ADDRESSES | OF THE OFFIC | CERS: ("X" BOX FOR AT | FACHMENT) [FILL IN SPACE | ES BEFORE USING | ATTACHMENTS |
| President Name JOHN J. KELLEY, JR. | | | Vice President Name JOHN J. KELLEY, III and MICHAEL J. KELLEY | | |
| Street Address 115 VALLEY STREET | | | Street Address 115 VALLEY STREET | | |
| EAST PROVIDENCE | State RI | ^{хар} 02914 | City EAST PROVIDENCE | State RI | ^{Zip} 02914 |
| Secretary Name JOHN J. KELLEY, III | | | Treasurer Name JOHN J. KELLEY, III | | |
| Street Address 115 VALLEY STREET | | | Street Address 115 VALLEY STREET | | |
| EAST PROVIDENCE | State RI | ^{Zip} 02914 | City EAST PROVIDENCE | State RI | Ζίρ 02914 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ASDIRECTOR Name JOHN J. KELLEY, JR. Street Address 115 VALLEY STREET | | | TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JOHN J. KELLEY, III Street Address 115 VALLEY STREET | | |
| City | State | Zip | City | State | Zip |
| EAST PROVIDENCE | RI | 02914 | EAST PROVIDENCE | RI | 02914 |
| Director Name MICHAEL J. KELLEY | • | ••••••••••••••••••••••••••••••••••••••• | Director Name | •••••••••• | |
| Street Address 115 VALLEY STREET | | | Street Address | | |
| EAST PROVIDENCE | Siale RI | ^{Zip} 02914 | City | State | Zip |
| 9. SHARES AUTHORIZED (*AUTHORIZED SHARES | "X" BOX FOR A | TTACHMENT) [| 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION | | IMENT) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 600 | COMMON | NO PAR VALUE | 300 | COMMON | NO PAR VALUE |
| ************************************** | | | # 1 | | |
| This report must be executed this report must be executed or | on behalf of the | corporation by an authoric | zed representative. If the corpor | ation is in the hands | of a receiver or trustee, |

| FILED File Date FEB 2 9 2008 Check Not 44435 By: FOR SECRETARY OF STATE USE ONLY | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct. John J. Kelley, Jr. Print or Type Name |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Title |