

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 2009

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(e&d)) is subject to a beneaty fee of \$25.00.

1. Corporate ID No.	2. Name of Corp	oration			
8731		Y PLATING COMPAI	VY		
3. Street Address Principal Business Office 100 RAILROAD AVENUE			JOHNSTON	State RI	7.ip 02919
4. Business Phone No. 5. State of Incorpora. (401) 232-2330 RHODE ISLA					
6. Brief Description of the Cl JEWELRY PLATING	haracter of Business Conduc G, ETC.	ted in Rhode Island			
7. NAMES AND ADDE	RESSES OF THE OFFI	CERS: ("X" BOX FOR A	ITTACHMENT) 📋 FILL IN :	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
GEORGE T. TANURY			KENNETH CABRAL		
Street Address 100 RAILROAD A	VENUE		Struct Address 100 RAILROAD AVENUE		
City JOHNSTON	State RI	Ζφ 02919	City JOHNSTON	Stare RI	^{Zip} 02919
Secretary Name DANTE J. GIAMMARCO			Treasurer Name KENNETH CABRAL		
Street Address 100 RAILROAD AVENUE			Street Address 100 RAILROAD AVENUE		
City JOHNSTON	State RI	^{Zip} 02919	City JOHNSTON	State RI	<i>Zip</i> 02919
8. NAMES AND ADDR Director Name	ESSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	G ATTACHMENTS
GEORGE T. TANL	JRY		KENNETH CABRAL Street Address		
Street Address					
100 RAILROAD AV	/ENUE		100 RAIROAD AVE	NUE	
City	State	Zip	СЦу	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919
Director Name	***************************************		Director Name		
Street Address			Struct Address		
Сцу	State	Zip	СИу	State	Zip
O. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR A	TTTACHMENT)	•	 ("X" BOX FOR ATTACH ITION MUST BE COMPLETED	 IMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR	1000	COMMON	NO PAR
This report must be exc	ecuted on behalf of the	corporation by an authororoporation by the recei	prized representative. If the co	orporation is in the hands	of a receiver or trus

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 1-13-09	contained herein are time and correct.
Check No	GEORGE T. TANURY
By MMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title