

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. 7-1.2-150).

subject to a penalty fee of \$	25.00.			auss uper the time preserioea by	iaw (R.I.G.L. /-1.2-1501(cor
1. Corporate ID No. 732	2. Name of Co Alloy Solo	orporation dering & Welding Inc			· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Business Office 530 Wellington Avenue			City Cranston	State RI	<i>Zip</i> 02910
4. Business Phone No. 401-941-0030 5. State of Incorporation Rhode Island					
6. Brief Description of the General Manufactur	Character of Business Cond ring Sale At Wholesa	ucted in Rhode Island le Retail Distribution Of Jewe	elry Findings Material		
7. NAMES AND ADD	RESSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) FILL IN	N SPACES BEFORE USING	G ATTACHMENTS
President Name Bruce R White			Vice President Name		
Street Address 530 Wellington Avenue			Street Address		
City Cranston	State RI	^{Zip} 02910	Clly	State	Zip
Secretary Name Bruce R White			Treasurer Name Herbert White		
Street Address 530 Wellington Avenue			Street Address 530 Wellington Avenue		
^{City} Cranston	State RI	^{Zip} 029 10	City: Cranston	State Ri	Ζφ 02910
Director Name Street Address	RESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name Street Address	IN SPACES BEFORE USIN	NG ATTACHMENTS
City					
**************************************	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Tity	State	Zip	СИу	State	Zip
. SHARES AUTHORI	ZED '	1		O ("X" BOX FOR ATTAC. ECTION <u>MUST</u> BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			400	Common	No Par
This report must be ex	ecuted on behalf of the	ne corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee
	carea on ochan of (f)	e corporation by the receiver	or trustee.		

File Date FILED	
Check No. JAN 2 8 2009	_
By: By //345	- ;
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare a	and affirm that I have exami	ned this report,
including any accompanying scheducontained herein are true and correct Burner R W	. 1	
Signature	Date	109
Bruce R White		
Print or Type Name		
Pres.		
Title		