



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, 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(c&d)) is subject to a penalty fee of \$25.00.

|  |                    |   |   |                                  |                         |
|--|--------------------|---|---|----------------------------------|-------------------------|
| 1. Corporate ID No.<br><b>89880</b>  |                    | 2. Name of Corporation<br><b>METAL COMPONENTS, INC.</b> |   |                                  |                         |
| 3. Street Address Principal Business Office<br><b>250 010 Baptist Rd.</b>  |                    | City<br><b>N. K.</b>                                    | State<br><b>RI</b>  | Zip<br><b>02852</b>              |                         |
| 4. Business Phone No.<br><b>401 886 7979</b>   |                    | 5. State of Incorporation<br><b>RI</b>                  |   |                                  |                         |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>✓</b>  |                    |   |   |                                  |                         |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |   |                                  |                         |
| President Name<br><b>Michael H. Evans</b>  |                    |   | Vice President Name<br><b>SAME</b>                                  |                                  |                         |
| Street Address<br><b>31 South West Ave.</b>  |                    |   | Street Address<br><b>—</b>  |                                  |                         |
| City<br><b>JAMESTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02835</b>                                     | City  | State                            | Zip                     |
| Secretary Name<br><b>— SAME —</b>  |                    |   | Treasurer Name<br><b>— SAME —</b>                                   |                                  |                         |
| Street Address   |                    |   | Street Address  |                                  |                         |
| City   | State              | Zip   | City  | State                            | Zip                     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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   |                    |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                                  |                         |
| 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. |                    |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                                  |                         |
|  |                    |   | Number of Shares<br><b>200</b>                                      | Class/Series<br><b>preferred</b> | Par Value<br><b>.01</b> |
|  |                    |   |   |                                  |                         |

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.

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>AUG 26 2009</b> |
| By:                             | <b>By 115</b>      |
| 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 statements contained herein are true and correct.

**Michael H. Evans** 8/20/09  
Signature Date  
**Michael H. Evans**  
Print or Type Name  
**President**  
Title