



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84720		2. Name of Corporation OCEAN STATE ALLOYS, INC.			
3. Street Address Principal Business Office 80 Delaine Street		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-454-4924		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE OF WHOLESALE AND RETAIL ALLOYS, METALS, GOLD AND SILVER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Eides			Vice President Name Michael Eides		
Street Address 80 Delaine Street			Street Address 80 Delaine Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Michael Eides			Treasurer Name Michael Eides		
Street Address 80 Delaine Street			Street Address 80 Delaine Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Eides			Director Name		
Street Address 80 Delaine Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **9/9/04**
Check No. **12677**
By: **DA**
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.

[Signature] **2/25/04**
Signature of Officer Date
Michael Eides
Print or Type Name of Officer
President
Title of Officer