STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84720**

2. Name of Corporation **OCEAN STATE ALLOYS, INC.**

3. Street Address Principal Business Office 80 Delaine St.

City Providence *State* RI *Zip* 02909

4. Business Phone No. 401-454 4924

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **0000**

7. Brief Description of the Character of Business Conducted in Rhode Island
purchase and sale of wholesale and retail alloys, metals, gold and silver and all related activies.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Alex Eides
Street Address 80 Delaine Street
City Providence *State* RI *Zip* 02909

Vice President Name Michael Eides
Street Address 80 Delaine Street
City Providence *State* RI *Zip* 02909

Secretary Name Michael Eides
Street Address 80 Delaine Street
City Providence *State* RI *Zip* 02909

Treasurer Name Alex Eides
Street Address 80 Delaine Street
City Providence *State* RI *Zip* 02909

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Michael Eides
Street Address 80 Delaine Street
City Providence *State* RI *Zip* 02909

Director Name Alex Eides
Street Address 80 Delaine Street
City Providence *State* RI *Zip* 02909

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 SHS		**NO PAR VALUE**

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000		no par value

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

* 8 4 7 2 0 *

File Date: Feb 8, 99

Check No.: 00856

By: JD

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 of Officer Alex Eides *Date* 1/22/99

Alex Eides
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96