

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

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 1D No. 2. Name of Corporation NEW ENGLAND COPPERWORKS, INC. Address Principal Business Office 25 Maple Avenue Gity Smithfield 4. Business Phone No RΙ 02917 5. State of Incorporation (40!) 232-9899 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island metal spinning and metal fabrication 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name William J. Juaire Susanne R. Juaire Street Address 199 Terrace Drive Street Address 199 Terrace Drive Chepachet CitvRI 02814 Chepachet Secretary Name Ri 02814 Susanne R. Juaire William J. Juaire Street Address 199 Terrace Drive Street Address 199 Terrace Drive Chepachet RI 02814 Chepachet 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City State Zip City State Zip Director Name Street Address Street Address State ZipCity State Zip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares State. Changes require an additional filing. See Section 9 of Class/Series Par Value instruction sheet. 100 common no par value

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.

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Under penalty of perjury, I declare an including any accompanying schedule contained herein are true and correct. Signature William J. Juaire Print or Type Name President	d affirm that I have examined this report, es and statements, and that all statements Date
Title	Form 630 Rev. 08/08