

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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(e)d) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 43419	2. Name of Corporation VINCENT META	VINCENT METALS CORPORATION				
3. Street Address Principal Business Office 33 Planway 3 C		·	City Warwick	State RI	^{Zip} 02886	
4. Business Phone No. 5. State of Incorporation Rhode Island		•		•		
6. Brief Description of the Characte manufacturing, processing			netals			
7. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
President Name John Blake Vincent			Vice President Name			
Street Address			Street Address			
33 Planway 3 C						
ску Warwick	State RI	^{Zip} 02886	City	State	Zip	
Secretary Name John Blake Vincent			Treasurer Name John Blake Vincent			
Street Address 33 Planway 3 C			Street Address 33 Planway 3 C			
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886	
8. NAMES AND ADDRESSE Director Name	S OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) TILL Director Name	IN SPACES BEFORE USI	NG ATTACHMENTS	
John Blake Vincent			• Encelor Hame			
Street Address			Street Address			
33 Planway 3 C		_				
City Warwick	State RI	<i>гір</i> 02886	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	l	1		D ("X" BOX FOR ATTAC SECTION MUST BE COMPLETE	• —	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			500	common	no par value	
				Taranti te Bori	, .	
This report must be executed this report must be executed			or trustee.		ds of a receiver or trustee,	
FIL	ED			ccompanying schedules and s	statements, and that all statements	
File DateJAN I.	nMS		Signature	whe line	Date	
Check No. By	0100		JCK n Print or Type Na	Blake Vincon		
FOR SECRETARY OF S	STATE USE ONLY		Preside	nt		
		J	Title		Earm 620 Pay 09/09	