



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

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

1. Corporate ID No. <b>487691</b>		2. Name of Corporation <b>Reade International Corp.</b>			
3. Street Address Principal Business Office <b>850 Waterman Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
4. Business Phone No. <b>(401) 433-7000</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Distributor of advanced metal, ceramic and intermetallic compositions for high technology and governmental applications.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Charles F. Reade, Jr.</b>			Vice President Name <b>Emily A. S. Reade</b>		
Street Address <b>850 Waterman Avenue</b>			Street Address <b>850 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Emily A. S. Reade</b>			Treasurer Name <b>Emily A. S. Reade</b>		
Street Address <b>850 Waterman Avenue</b>			Street Address <b>850 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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 <b>MUST</b> BE COMPLETED		
			Number of Shares	Class/ Series	Par Value
			<b>100 shares common stock of \$.01 par value</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.

FILED

File Date APR 27 2012

Check No. \_\_\_\_\_

By: 23639 23776

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.

Charles F. Reade, Jr. 3.14.12  
Signature Date

**Charles F. Reade, Jr.**  
Print or Type Name

**President**  
Title