



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000007391		2. Exact name of the Corporation Angelo DiMaria Inc.			
3. Principal office address 395 Admiral St.			City Providence	State RI	Zip 02908
4. Business Phone No. 401-274-0100			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Metal Stamping and Jewelry Findings					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John A. Scungio			Vice-President Name John B Scungio		
Street Address 2693 Marston Way			Street Address 4 Wagon Wheel lane		
City The Villages	State FI	Zip 32162	City Lincoln	State RI	Zip 02865
Secretary Name John B Scungio			Treasurer Name John A Scungio		
Street Address 4 Wagon Wheel lane			Street Address 2693 Marston Way		
City Lincoln	State RI	Zip 02865	City The Villages	State FI	Zip 32162
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,500	CNP	\$0.00

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.

File Date _____

FILED

Check No _____

JAN 18 2013

By: _____

5422

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 Authorized Representative

1/17/13
Date

FOR SECRETARY OF STATE USE ONLY

JOHN B. Scungio
Print or Type Name of Authorized Representative