



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. 5226		2. Exact name of the Corporation FACO Metal Products, Inc.			
3. Principal office address 22 Thunder Trail			City Cranston	State R.I.	Zip 02921
4. Business Phone No. 401-943-7127		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacturing of metal stampings, clock hands, and allied products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William A. Rose			Vice-President Name None		
Street Address 22 Thunder Trail			Street Address		
City Cranston	State R.I.	Zip 02921	City	State	Zip
Secretary Name William A. Rose			Treasurer Name William A. Rose		
Street Address 22 Thunder Trail			Street Address 22 Thunder Trail		
City Cranston	State R.I.	Zip 02921	City Cranston	State R.I.	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None - a close corporation			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
			35,800	Comm.	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 23 2013

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.

William A. Rose

01/22/2013

Signature of Authorized Representative

Date

William A. Rose

Print or Type Name of Authorized Representative