



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 31 - 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. 19031		2. Exact name of the Corporation LEHIGH METALS CORPORATION		
3. Principal office address 14 LEHIGH STREET		City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. 401-941-7361		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO DEAL IN NON-FERROUS METALS AND MANUFACTURING OF LEAD AND LEAD BY-PRODUCTS				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name DAVID BROOMFIELD		Vice-President Name MICHAEL BAKER		
Street Address 14 LEHIGH STREET		Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI
Secretary Name ADRIENNE MATZNER		Treasurer Name TAMMY ALICE BROOMFIELD ANDERSON		
Street Address 14 LEHIGH STREET		Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name DAVID BROOMFIELD		Director Name		
Street Address 14 LEHIGH STREET		Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR

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 _____

FEB 06 2013

Check No _____

By: _____

BY

15769

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

Date

DAVID BROOMFIELD

Print or Type Name of Authorized Representative

PRESIDENT

FOR SECRETARY OF STATE USE ONLY