



**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

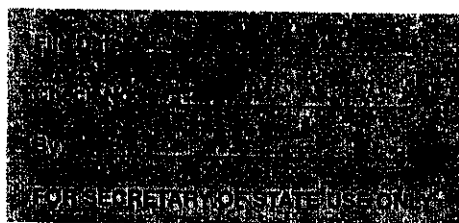
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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.<br><b>121680</b>  |                    | 2. Exact name of the Corporation<br><b>JMS CASTING CO., INC.</b> |                         |                     |   |
| 3. Principal office address<br><b>17 BAILEY STREET</b>   |                    | City<br><b>CRANSTON</b>  | State<br><b>RI</b>      | Zip<br><b>02920</b> |   |
| 4. Business Phone No.<br><b>401-453-5990</b>   |                    | 5. State of Incorporation<br><b>RI</b>                           |                         |                     |   |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>JEWELRY CASTING</b>  |                    |  |                         |                     |   |
| <b>PRESIDENT</b>   |                    |  |                         |                     |   |
| President Name<br><b>JEANNIE MANNI</b>   |                    | Vice-President Name<br><b>JEANNIE MANNI</b>                      |                         |                     |   |
| Street Address<br><b>17 BAILEY STREET</b>  |                    | Street Address<br><b>17 BAILEY STREET</b>                        |                         |                     |   |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02920</b>  | City<br><b>CRANSTON</b> | State<br><b>RI</b>  | Zip<br><b>02920</b>                           |
| Secretary Name<br><b>JEANIE MANNI</b>  |                    | Treasurer Name<br><b>JEANNIE MANNI</b>                           |                         |                     |   |
| Street Address<br><b>17 BAILEY STREET</b>  |                    | Street Address<br><b>17 BAILEY STREET</b>                        |                         |                     |   |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02920</b>  | City<br><b>CRANSTON</b> | State<br><b>RI</b>  | Zip<br><b>02920</b>                           |
| <b>DIRECTOR</b>  |                    |  |                         |                     |   |
| Director Name<br><b>JEANNIE MANNI</b>  |                    | Director Name<br><b>N/A</b>                                      |                         |                     |   |
| Street Address<br><b>17 BAILEY STREET</b>  |                    | Street Address   |                         |                     |   |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02920</b>  | City                    | State               | Zip   |
| Director Name<br><b>N/A</b>  |                    | Director Name<br><b>N/A</b>                                      |                         |                     |   |
| Street Address   |                    | Street Address   |                         |                     |   |
| City   | State              | Zip  | City                    | State               | Zip   |
| <b>SHARES AUTHORIZED</b>   |                    |  |                         |                     | <b>SHARES ISSUED (SEE BOX FOR ATTACHMENT)</b> |
| 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           |   |
|  |                    | 100  | COMMON                  | NPV                 |   |
|  |                    |  |                         |                     |   |

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**

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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.

Jeannie Manni 2-7-13  
Signature of Authorized Representative Date

**JEANNIE MANNI**

Print or Type Name of Authorized Representative