



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

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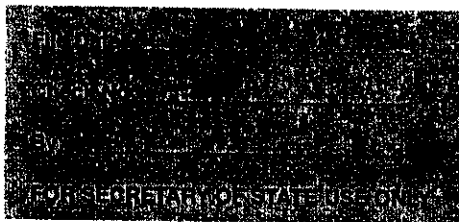
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 121680		2. Exact name of the Corporation JMS CASTING CO., INC.			
3. Principal office address 17 BAILEY STREET			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-453-5990			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island JEWELRY CASTING					
President Name JEANNIE MANNI			Vice-President Name JEANNIE MANNI		
Street Address 17 BAILEY STREET			Street Address 17 BAILEY STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name JEANIE MANNI			Treasurer Name JEANNIE MANNI		
Street Address 17 BAILEY STREET			Street Address 17 BAILEY STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name JEANNIE MANNI			Director Name N/A		
Street Address 17 BAILEY STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED			SHARES ISSUED BY BOXED ATTACHMENT		
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

FFR 0 8 2013

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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