



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. 33965		2. Exact name of the Corporation THE NEW ANNEX PLATING, INC.					
3. Principal office address 21 Circuit Drive				City N. Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-737-1700				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island General electroplating business							
(NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>							
President Name Robert J. Silverman				Vice-President Name Barry Fishback			
Street Address 12 Avon Avenue				Street Address 11 Chestnut Street			
City Warwick	State RI	Zip 02889		City North Providence	State RI	Zip 02904	
Secretary Name Barry Fishback				Treasurer Name Robert J. Silverman			
Street Address 11 Chestnut Street				Street Address 12 Avon Avenue			
City North Providence	State RI	Zip 02904		City Warwick	State RI	Zip 02889	
(NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>							
Director Name Robert J. Silverman				Director Name Barry Fishback			
Street Address 12 Avon Avenue				Street Address 11 Chestnut Street			
City Warwick	State RI	Zip 02889		City North Providence	State RI	Zip 02904	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
(SHARES AUTHORIZED) (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.				10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
				NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No par value	

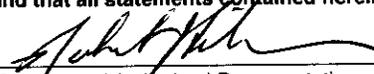
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 OFFICE OF THE SECRETARY OF STATE
 CORPORATION'S DIV.

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

MAR 06 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.


 Signature of Authorized Representative 2/28/13
 Date
Robert J. Silverman
 Print or Type Name of Authorized Representative

JMD
29-19186a