



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

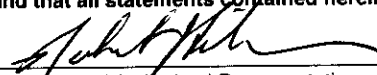
2013 MAR - 6 AM 12:13  
 DEPARTMENT OF STATE  
 CORPORATIONS DIV.

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

*gmd*  
 29-19186a