



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. 47308		2. Exact name of the Corporation SHAWMUT METAL PRODUCTS, INC.					
3. Principal office address 1914 G.A.R. Highway				City Swansea	State MA	Zip 02777	
4. Business Phone No. 508-379-0810				5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island Design, Fabrication, Erection and Sales of all Metal Products							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Kevin M. Kelly				Vice-President Name Francis L. Kelly, Jr.			
Street Address 1914 G.A.R. Highway				Street Address 1914 G.A.R. Highway			
City Swansea	State MA	Zip 02777		City Swansea	State MA	Zip 02777	
Secretary Name Kevin M. Kelly				Treasurer Name Francis L. Kelly, Jr.			
Street Address 1914 G.A.R. Highway				Street Address 1914 G.A.R. Highway			
City Swansea	State MA	Zip 02777		City Swansea	State MA	Zip 02777	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Michael P. Kelly				Director Name Gregory M. Kelly			
Street Address 1914 G.A.R. Highway				Street Address 1914 G.A.R. Highway			
City Swansea	State MA	Zip 02777		City Swansea	State MA	Zip 02777	
Director Name Kevin M. Kelly, Jr.				Director Name None			
Street Address 1914 G.A.R. Highway				Street Address			
City Swansea	State MA	Zip 02777		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("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	

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

FILED

MAR 22 2013

BY 6716

Signature of Authorized Representative Kevin M. Kelly Date _____
 Print or Type Name of Authorized Representative Kevin M. Kelly