

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d))

subject to a penalty fee of \$25. Corporate ID No. 487691	2. Name of Corpor	ation ernational Corp.	- IAINA		
3. Street Address Principal Business Office 850 Waterman Avenue			City East Providence	State RI	02915
(401) 433-7000		5. State of Incorporation Rhode Island			
	ed metal, ceramic a	nd intermetalliccomposi	itions for high technolog ACHMENT) FILL IN	-	l applications. SING ATTACHMENTS
Charles F. Reade, Jr. Street Address			Emily A. S. Reade Street Address		
850 Waterman Avenue			850 Waterman Avenue		
ast Providence	State RI	^{Zip} 02915	East Providence	State RI	^{Z₁ρ} 02915
Secretary Name Emily A. S. Reade			Treasurer Name Emily A. S. Reade		
Street Address 850 Waterman Avenue			Street Address 850 Waterman Avenue		
ily ast Providence	State R1	Zip 02915	City East Providence	State RI	Zip 02915
NAMES AND ADDRES	SSES OF THE DIREC	TORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	N SPACES BEFORE	USING ATTACHMENTS
ireei Address			Street Address		
ity	State	Zip	City	State	Zip
rector Name	 		Director Name	J	
treet Address			Street Address		
ity	State	Zip	City	State	Zip
SHARES AUTHORIZE	D: ("X" BOX FOR A	TTACHMENT) 🗅	10. SHARES ISSUED		ACHMENT) 🗆
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value
			100 shares common stock of \$.01 par value		
struction sheet.					
is report must be execu s report must be execu	ted on behalf of the c ted on behalf of the	corporation by an authorize corporation FILED received JUN 04 2014	er or trustee. Under penalty of perjury	$ ilde{\prime}$, I declare and affirm th	ands of a receiver or trustee at I have examined this report, tements, and that all statements
File Date		<u> 20145</u>	contained herein are tru Clauler Signature	leade fr	5/30/14
Check No.			Charles F. Reade, Jr. Print or Type Name		
By:			President		
FOR SECRETARY OF STATE USE ONLY			Title		