



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 2015

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. 32834		2. Exact name of the Corporation SCIENTIFIC ALLOYS, INC.			
3. Principal office address 72 Old Hopkinton Road		City Westerly	State RI	Zip 02891	
4. Business Phone No. (401) 596-4947		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Metal fabrication.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. Rossi, Sr.			Vice-President Name Robert J. Rossi, Jr.		
Street Address 6 Burdick Lane			Street Address 250 South Anguilla Road		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Secretary Name Jacqueline Spiers			Treasurer Name Jacqueline Spiers		
Street Address 108 Pine Woods Drive			Street Address 108 Pine Woods Drive		
City North Stonington	State CT	Zip 06359	City North Stonington	State CT	Zip 06359
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert J. Rossi, Sr.			Director Name Robert J. Rossi, Jr.		
Street Address 6 Burdick Lane			Street Address 250 South Anguilla Road		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Director Name Jacqueline Spiers			Director Name		
Street Address 108 Pine Woods Drive			Street Address		
City North Stonington	State CT	Zip 06359	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
			200	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 No. _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED

DEC 31 2014

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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.

Signature of Authorized Representative

Robert J. Rossi, Sr.

Date

12-29-14

Print or Type Name of Authorized Representative