

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 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. 2. Exact name of the Corporation Diversified Metal Crafters, Inc. 000551196 Zip **02865** State 3. Principal office address RI Lincoln 4 Carol Drive State of Incorporation 4. Business Phone No. Rhode Island 401-305-7700 Brief description of the character of business conducted in Rhode Island Manufacturer of Metal Insignias and other products 7/UUST /AUL-OHJOHRS/(NAMES/AND/ADDRESSES)(YXP BOXGOR/ATTACHMENIT) 🔲 🔻 Vice-President Name President Name Bernhard Nordin **Bernhard Nordin** Street Address Street Address 4 Carol Drive 4 Carol Drive State State Zip City 02865 Lincoln RI 02865 Lincoln RI Treasurer Name Secretary Name Bernhard Nordin Bernhard Nordin Street Address Street Address 4 Carol Drive 4 Carol Drive State City Zip City State 0286 RI 02865 Lincoln RI Lincoln BLEIST AUG DIRECTIORS (NAMES AND ADDRESSES) (EXCEDITATION ACHMENT). Director Name Director Name Daniel A. Calenda Nancy Ronci Street Address Street Address 120 Coldwell Road 171 Broadway State State City 02830 RI Harrisville 02903 RI Providence Director Name Director Name Bernhard Nordin Robert D. Gludici Street Address Street Address 4 Carol Drive 250 Centerville Road, Building C State State City City 02865 RΙ 02886 Lincoln Warwick RI HOUSHARESISSUED (XY BOXIFOR ATVACHMEND)

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.

NUMBER OF SHARES

10000

9 SHARESAUTHORIZED

of State. Changes require an additional filing.

See Section 9 of instruction sheet.

This information is currently of record in the Office of the Secretary

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.

Common

CLASS/SERIES

Signature of Authorized Representative

PAR VALUE

No Par

Bernhard Nordin, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012