



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

200

2. Name of Corporation

A. S. MFG. COMPANY, INC.

3. Street Address Principal Business Office

10 Fairmount Avenue

City

E. Providence

State

RI

Zip

02914

4. Business Phone No.

(401) 434-9509

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1883

7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacturing, buying, selling and dealing in jewelry, novelties of every class & description.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Joel B. Bazar

Street Address

197 Eustis Avenue

City

State

Zip

Newport

RI

02840

Secretary Name

Kenneth M. Bazar

Street Address

Hope Furnace Road

City

State

Zip

Hope

RI

02831

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Kenneth M. Bazar

Street Address

as above

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Ira Bazar

Street Address

166 Belmont Road

City

State

Zip

Cranston

RI

02910

Director Name

Joel B. Bazar

Street Address

as above

City

State

Zip

Director Name

Kenneth M. Bazar

Street Address

as above

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

85

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 0 0 *

File Date: 2/22/00

Check No.: 14542

By: [Signature]

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.

Signature of Officer

Joel B. Bazar

Print or Type Name of Officer

President

Title of Officer

Date

2/14/2000