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 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
200	A. S. MFG. COMPANY, INC.

3. Street Address Principal Business Office	City	State	Zip
10 Fairmount Avenue	East Providence	RI	02914

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 434-9509	116 RHODE ISLAND	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	Vice President Name
Joel B. Bazar	None
Street Address	**Street Address**
197 Eustis Avenue	
City / State / Zip	**City / State / Zip**
Newport RI 02840	
Secretary Name	**Treasurer Name**
Kenneth M. Bazar	Kenneth M. Bazar
Street Address	**Street Address**
Hope Furnace Road	As above
City / State / Zip	**City / State / Zip**
Hope RI 02831	

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

Director Name	Director Name
Ira Bazar	Kenneth M. Bazar
Street Address	**Street Address**
166 Belmont Road	As above
City / State / Zip	**City / State / Zip**
Cranston RI 02910	
Director Name	**Director Name**
Joel B. Bazar	
Street Address	**Street Address**
As above	
City / State / Zip	**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

[redacted]

* 2 0 0 *

File Date: 2/16/99

Check No.: 11684

By: JO

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 2/16/99

Joel B. Bazar
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96