PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
200	A. S. MFG. COMPANY, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
10 Fairmount Avenue	East Providence	RI	02914

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(401) 434-9509	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 and description.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joel B. Bazar	187 Eustis Avenue	Newport	RI	02840

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
None				

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Kenneth M. Bazar	Hope Furnace Rd.	Hope	RI	02831

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Kenneth M. Bazar	Hope Furnace Rd.	Hope	RI	02831

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Ira Bazar	166 Belmont Rd.	Cranston	RI	

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Kenneth M. Bazar	Hope Furnace Rd.	Hope	RI	02831

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Evelyn Bazar	166 Belmont Rd.	Cranston	RI	

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300 SHS NO PAR COM			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

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

2/28/96
Date

File Date: 3/1/96

Check No: 2634

By: CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING