



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. **14800** 2. Name of Corporation **KELLEY METALS CORP.**

3. Street Address Principal Business Office
115 Valley Street

City State Zip
East Providence RI 02914
6. SIC Code
1073

4. Business Phone No. **434-8795** 5. State of Incorporation
RHODE ISLAND

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

Refiner of Precious Metals

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

President Name
JOHN J. KELLEY, JR.

Vice President Name
**JOHN J. KELLEY, SR.
JOHN J. KELLEY, III**

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

Secretary Name
JOHN J. KELLEY, JR.

Treasurer Name
JOHN J. KELLEY, JR.

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

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

Director Name
JOHN J. KELLEY, JR.

Director Name
JOHN J. KELLEY, SR.

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

Director Name
JOHN J. KELLEY, III

Director Name

Street Address
115 Valley Street
City State Zip
East Providence RI 02914

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
600 SHS COM NO PAR

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

ISSUED SHARES

Number of Shares Class/Series Par Value
300 COMMON NO PAR VALUE

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



* 1 4 8 0 0 *

Filing Date: **3/29/00**

Check No.: **36597**

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.

John J. Kelley, Jr. 1-24-00
Signature of Officer Date
JOHN J. KELLEY, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer