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. **14800**

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

3. Street Address Principal Business Office 115 Valley Street

City East Providence *State* RI *Zip* 02914

4. Business Phone No. 434-8795

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **1073**

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

Vice President Name JOHN J. KELLEY, SR.
JOHN J. KELLEY, III
Street Address 115 Valley STreet
City East Providence *State* RI *Zip* 02914

Secretary Name JOHN J. KELLEY, JR.
Street Address 115 Valley Street
City East Providence *State* RI *Zip* 02914

Treasurer Name JOHN J. KELLEY, JR.
Street Address 115 Valley Street
City East Providence *State* RI *Zip* 02914

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

Director Name JOHN J. KELLEY, JR.
Street Address 115 Valley STreet
City East Providence *State* RI *Zip* 02914

Director Name JOHN J. KELLEY, SR.
Street Address 115 Valley Street
City East Providence *State* RI *Zip* 02914

Director Name JOHN J. KELLEY, III
Street Address 115 Valley Street
City East Providence, *State* RI *Zip* 02914

Director Name
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 *

File Date: Feb 24, 99

Check No.: 39824

By: JO

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.
Signature of Officer *Date*

JOHN J. KELLEY, JR.
Print or Type Name of Officer

PRESIDENT
Title of Officer