

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

1998

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

<sup>2</sup>KEĽĽÉÝ MÉTALS CORP.

Zip3. Street Address Principal Business Office City State 02914 115 Valley Street East Providence RI 6. \$1073<sup>de</sup> 4. Business Phone No. RHODE ISLAND 434-8795 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) Vice President Name President Name John J. Kelley, John J. Kelley, Sr. John J. Kelley, Jr. Street Address 115 Valley Street 115 Valley Street City 02914 RI 02914 RI East Providence, East Providence, Treasurer Name Secretary Name John J. Kelley, III John J. Kelley, III Street Address 115 Valley Street 115 Valley Street ZipCity Zip 02914 02914 RΙ East Providence East Providence RΤ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name John J. Kelley, Jr. John J. Kelley, Sr. Street Address Street Address 115 Valley Street 115 Valley Street Zip Zip Cin 02914 02914 RΙ East Providence, RΙ East Providence, Director Name John J. Kelley, III Street Address Street Address 115 Valley Street City 02914 East Providence, RI 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Class/Series Par Value Number of Shares Par Value Number of Shares Class/Series

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



By: \_\_\_\_\_\_\_
FOR SECRETARY OF STATE USE ONLY

Check No.

600 SHS COM NO PAR

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 berein are true and correct

COMMON

that all statements contained herein are true and correct.

Signature of Officer Date

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

PRESIDENT

Title of Officer

300

27.12.10.1

NO PAR VALUE