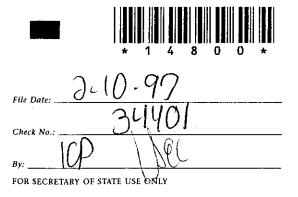


James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	CK)				COMPLETING THIS FORM
1. Corporate ID No.	2. Name of Corporation			•	
14800	KELLEY META	ALS CORP.			
3. Street Address Principal Business	Office		City	State	Zip
115 Valley Stre	eet	5. State of Incorporation	East Providence	RI	02914 6. SIC Code
434-8795 7. Brief Description of the Character	of Business Conducted in Rh	RHODE ISLAND ode Island		•	1073
Refiner of preci		RS ("X" BOX FOR ATTACH	MENT)		
President Name			Vice President Name John J. Kelley, III		
John J. Kelley, Jr. Street Address		John J. Kelley, Sr. Street Address			
115 Valley Street State Zip			ll5 Valley Street		Zip
East Providence	RI	02914	East Providence	RI	02914
John J. Kelley, 1	II		Treasurer Name John J. Kelley,	III	
Street Address 115 Valley Street			Street Address 115 Valley Street		
East Providence	State RI	^{Zip} 02914	East Providence	State RI	^{Zip} 02914
9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT)		
John J. Kelley, Sr.			John J. Kelley, Jr.		
Street Address 115 Valley Stree	et .		Street Address 115 Valley Street		
East Providence	State RI	^{Zip} 02914	_{City} East Providence	State RI	02 9 14
John J. Kelley, I	II		Director Name		
Street Address 115 Valley Street	:		Street Address		
^{City} East Providence	State RI	^{Zip} 02914	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COM NO PA	R		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



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

JOHN J. KELLEY, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer