



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

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)

President Name

John J. Kelley, Jr.

Street Address

115 Valley Street

City

East Providence

State

RI

Zip

02914

Vice President Name

John J. Kelley, III

John J. Kelley, Sr.

Street Address

115 Valley Street

City

East Providence

State

RI

Zip

02914

Treasurer Name

John J. Kelley, III

Street Address

115 Valley Street

City

East Providence

State

RI

Zip

02914

Secretary Name

John J. Kelley, III

Street Address

115 Valley Street

City

East Providence

State

RI

Zip

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

John J. Kelley, Sr.

Street Address

115 Valley Street

City

East Providence

State

RI

Zip

02914

Director Name

John J. Kelley, Jr.

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 AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS COM NO PAR

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:

2-10-97

Check No.:

34401

By:

ICP

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.

Signature of Officer
JOHN J. KELLEY, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer