



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

20208

INTERNATIONAL METALS, INC.

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

0000 5051

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

Specialize and deal in metal products; purchase and sell metals of whatever kind and nature

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 RI

Zip

02914

Vice President Name

JOHN J. KELLEY, III

Street Address

115 Valley Street

City

East Providence RI

State

Zip

02915

Secretary Name

JOHN J. KELLEY, JR.

Street Address

115 Valley Street

City

East Providence RI

Zip

02914

Treasurer Name

JOHN J. KELLEY, JR.

Street Address

115 Valley Street

City

East Providence RI

State

Zip

02914

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NO PAR VALUE

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



* 2 0 2 0 8 *

File Date: **10/24/99**

Check No.: **35824**

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.

[Signature]
Signature of Officer

JOHN J. KELLY, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer