

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 20208	2. NAME OF CORPORATION INTERNATIONAL METALS, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 115 VALLEY STREET	CITY EAST PROVIDENCE	STATE RI	ZIP CODE 02914
4. BUSINESS PHONE NO. 434-8795	5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 8888 X 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			
PRESIDENT NAME JOHN J. KELLEY, JR.		VICE PRESIDENT NAME JOHN J. KELLEY, III	
STREET ADDRESS 115 VALLEY STREET		STREET ADDRESS 115 VALLEY STREET	
CITY EAST PROVIDENCE	STATE RI	CITY EAST PROVIDENCE	STATE RI
ZIP CODE 02914		ZIP CODE 02914	
SECRETARY NAME JOHN J. KELLEY, JR.		TREASURER NAME JOHN J. KELLEY, JR.	
STREET ADDRESS 115 VALLEY STREET		STREET ADDRESS 115 VALLEY STREET	
CITY EAST PROVIDENCE	STATE RI	CITY EAST PROVIDENCE	STATE RI
ZIP CODE 02914		ZIP CODE 02914	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME NONE		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500	NO PAR VAL		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

File Date: 6/14/96
Check No: 5949
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 of John J. Kelley, Jr.]
Signature of Officer
JOHN J. KELLEY, JR.

Print or Type Name of Officer

PRESIDENT

Title of Officer

X 5-30-96
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95