RI SOS Filing Number: 201696387950 Date: 05/02/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
5066	CRANSTON CASTING CO., INC.

3. Principal Office Address	City	State	Zip
44 Worthington Road	Cranston	RI	02920

4. Business Phone Number	5. State of Incorporation
4014678184	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Jewelry casting and the right to buy and sell real estate.

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Alfred W. Schoeninger	Vice-President Name: Patricia M. Schoeninger
Street Address: 44 Worthington Road	Street Address: 44 Worthington Road
City: Cranston State: RI Zip: 02920	City: Cranston State: RI Zip: 02920
Secretary Name: Patricia M. Schoeninger	Treasurer Name: Alfred W. Schoeninger
Street Address: 44 Worthington Road	Street Address: 44 Worthington Road
City: Cranston State: RI Zip: 02920	City: Cranston State: RI Zip: 02920

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name: Alfred W. Schoeninger	Director Name:
Street Address: same as above	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
Alfred W. Schoeninger	4-15-16

Signature of Authorized Representative
SIGN DOCUMENT HERE

FILED
MAY 02 2016
BY KL 77764

Form No. 630
Revised: 2016

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