

By\_

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 (FORM MUST BE TYPED IN .	BLACK)	_			<del></del>
1. Corporate ID No. 21202	2. Name of Corp. Mapleville	oration Main, inc.		aran manada 1926 - 1944 si una - La Amaya A Ayungan Ayan manada a Antana Ayun ayun Ayana 4 A	entrempte provinces en un utilise en proprie dissipa un entre provinces de la descripción de la dec
3. Street Address Principal Busi		AN THREE CONTRACTOR OF THE PROPERTY OF THE PRO	City	State	Zip
400 AYLWORTH AVEN	IUE		SOUTH HAVEN	MI	49090
4. Business Phone No.	a status and manages of the property of the species of S. A. and and the standards and development of	5. State of Incorporat	ion		6. SIC Code
269.637.2116		DELAWARE			5538
7. Brief Description of the Char RENTAL OF ONE BUSIN	acter of Business Co	nducted in Rhode Island AT 120 MAPLEVILLE	MAIN STREET, MAPLEVI	T.T. PT	communication in the second control of the s
8. NAMES AND ADDRES			TTACHMENT)   FILL IN SP		TTACHMENTS
1 resident traine		and the second of the second o	Vice President Name	No order Carol Campania and Campa	The state of the s
CLAES JORWALL		restriction for the second section (second second section of the second second second section (second second secon	· NONE		
Street Address			Street Address		annessen ja valja ja ja kantantantantantantantantantantantantanta
HENRY DUNKERS GAT			•		
City	State	Zip	City	State	Zip
TRELLEBORG	SWEDEN	SE-231 22			1
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • •
ADAM H. BLOOMENST	EIN		JOE GERVAIS		
Street Address			Street Address	er von deuen der eine Gereiche der Gesteller und der eine Gesteller Gestellt der Gesteller von der der der der	i majakan menupun menungi dan Kepada badakan dalampan menungkan pengangan menungkan menungkan penganan m
445 ENTERPRISE CO	JRT		.400 AYLWORTH AV	ENUE	
City	State	Zip	City	State	Zip
BLOOMFIELD HILLS	MI	48302	. SOUTH HAVEN	MI	49090
9. NAMES AND ADDRES	SES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT)   FILL IN S		ATTACHMENTO
Director Name	a god tot meth dission tha bear to all a time at deet input input into	Sealer Medical Annual of Economic general professional and Control Annual Annual Control and Control a	Director Name	ACED DELOKE OSHO	ATTACHMENTO
CLAES JORWALL			ULF GRADEN		
Street Address		Market Woman William or the first Name of Assault and Woman or a series of the control of the co	Street Address	W 1	Supplementary of the community of the co
HENRY DUNKERS GATA	1 2		HENRY DUNKERS G	ATA 2	
<i>City</i> TRELLEBORG	State SWEDEN	<i>Zip</i> SE-231 22	City TRELLEBORG	State SWEDEN	Zip SE-231 22
Director Name	*		Director Name		
NONE			NONE		
Street Address	de Andreadau, comune de Andreada de An	The second secon	Street Address	1. W. T.	reacha addina a région depe aux 1861 de l'a Andrew (n. 1711 de 1861 de 1861) de describer d'Assa dessey (
			•		
City	State	Zip	-City	State	Zip
			•		į į
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	* - 11 SHARES ISSUED ("X"	ROX FOR ATTACHMEN	
AUTHORIZED SHARES		The state of the s	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 000 001#4 #4 00 DAG					The control of the co
1,000 COMM \$1.00 PAR	VALUE		1000	COMMON	\$1.00 PER SH
	**************************************		AND THE RESIDENCE AND ADDRESS OF THE PARTY O	and a control of the supercontrol of the super	
					:
his report must he signer	d in ink by eithe	er the President Vice P	President, Secretary, Assist		
roport must be signe.	in ink by enne	er me i resident, rice r	resident, secretary, Assist	ani Secretary, Ireasi	irer, Receiver or Trustee
(B. [  B. [  ]]   [  ]	<b>1</b>				
2 1 2	0 2		Under nanalty of naria	uni I doolana and affi	de a Tit
			this report, including a	ry, I declare and affirm	mat I have examined
*24202 EDC 22/4	<b>4</b> 47.04 Pt #	$\neg$	and that all statements	iny accompanying sched contained herein are tru	and correct
*21202 FBC 02/1 ## 0	ED:U4 PM*		1	comanica netent are itu	c and correct.
File Date		_,	Dexton	1011- 2	125/05
MAR O	3 2005 Ida	81	Signature of Officer	ucco ,	ate Distriction
Check No.	11/	_	Jøe Gervais	<u>.</u>	
-	\ <b>\</b>	ı	400 OCI 4013		

Print or Type Name of Officer

Treasurer

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2004

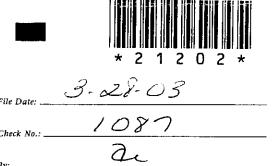
Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		g Fee: \$50.00			
1. Corporate ID No. 21202	2. Name of Corporation  Mapleville Main		- , , , , , , , , , , , , , , , , , , ,		
3. Street Address Principal Business (	Office		South Hoven	State :///\dagger	249090
4. Business Phone No.  269 637 - 2  7. Brief Description of the Character  PROCESSING OF FREE	of Business Conducted in	5. State of Incorporation  DELAWARE  Rhode Island  Roman 0 0			6. SIC Code
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS	E ("X" BOX FOR ATT	ACHMENT)	ACES BEFORE USIN	IG ATTACHMENTS
Street Address HENRY OWN	ERS GATH	2	Street Address		
CID TREUEDURGI	SWEDEN	Zip SE-231-45	City	State	Zip .
Secretary Name			Treasurer Name	•••••••••••••••••	
Street Address			Street Address	·	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES Director Name TYEASURE TOE GER VOLS Street Address 400 AU!WORTH		RS: ("X" BOX FOR AT	Director Name Sec retary Richard Hod Street Address	gson	ING ATTACHMENTS
South Haven	State M	<sup>zip</sup> 49090	807 Patisi	State	之 <u>少</u> 。
Director Name	]///!	J 41010	Director Name	I VA	
Street Address	. ,		Street Address	· · · · · · · · · · · · · · · · · · ·	=
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (	 ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	 ' BOX FOR ATTACE	HMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VAL	UE .			NIA	NA
TTV 1					
* 2	1 2 0 2 *	er the President, vice F	including any accompan	, I declare and affirm t ying schedules and sta	hat I have examined this report, tements, and that all statements
File DateFILE	ED		Contained herein are true	and correct.	per yeurs 7/22/04
Check No. JUL 27	2004		Signature of Officer. JOC Gerva	13	Date
By M34	FE USE ONLY		Print or Type Name of Off  Tyeasure Y  Title of Officer	icer	
<del></del>		1	Title of Officer		



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### 2003 PROFIT CORPORATION ANNIIAL PEROPT FOR THE

Filing Period: January 1-Mo		50.00	HE IEAR	PLF ASL RI INSTRUCTI
(FORM MUST BE TYPED OR PRINTED IN E 1. Corporate ID No. 2. N 21202	LACK) Name of Corporation Mapleville Main, Inc.			
3. Street Address Principal Business Office  4. DO AY WOY H  4. Business Phone No.  269 639 422  7. Brief Description of the Character of Business	5. State of Inc DELAV ness Conducted in Rhode Island	•	State  (C) M	Zip 4909 D 6. SIC Code
8. NAMES AND ADDRESSES O	G Property f the officers ("x" box f	OR ATTACHMENT) FILL IN SPACE  Vite Tresident Name	ES BEFORE USING ATTA	CHMENTS
Claes Jorwall Street Address 153 Henry Dunk	orco a	Street Address		
Trelleborg 5	ersg 2 weden st 23	City	State	Zip
Richard Hodgso Street Address	n	Treasurer Name DC GCV OQ Street Address	_	
867 Batesville City AFTON		400 Ayl	worth Ave	<sup>zip</sup> 4909 0
9. NAMES AND ADDRESSES Of Director Name	THE DIRECTORS ("X" BO)	FOR ATTACHMENT) FILL IN SPA	ACES BEFORE USING AT	FACHMENTS
Street Address		Street Address		
City State	Zip	City	State	Zip
Director Name		Director Name		
Street Address		Street Address		•
City State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" I	BOX FOR ATTACHMENT)	11. SHARES ISSUEI ISSUED SHARES	) ("X" BOX FOR ATTACHMEN	TT)
,	/Series Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE		D		
This report must be signed in i	<b>nk</b> by either the Presiden		ssistant Secretary, Treas	



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	nying schedules and statements, and
that all statements contained herei	n are true and correct.
$\bigcirc$ $\mathcal{A}$	1 :

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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

riting Terrou. junt	uniy 1-Muich 1	Filing Fee: \$50.00			INS
(FORM MUST BE TYPED II	N BLACK)				
1. Corporate ID No.	2. Name of Corpora	ation			,
21202	Metech Inte	rnational, Inc.			
3. Street Address Principal Bu		, , , , , , , , , , , , , , , , , , ,	City	State	Zip
120 Maplevi	lle Main Street	5. State of Incorporation	Mapleville	RI	02839 6. SIC Code
	.1 aracter of Business Conducted Resource Manag				5093
8. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
John Koskin Street Address 120 Maplevi	nas .lle Main Street	:	Street Address		
City Mapleville	State R <b>I</b>	<sup>Zip</sup> 02839	City	State	Zip
Secretary Name			Treasurer Name		
Richard Hod Street Address	lgson		Street Address		
120 Maplevi	lle Main St.				
City Mapleville	State RI	<sup>Zip</sup> 02839	City	State	Zip
9. NAMES AND ADD	RESSES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE  Director Name  Claes Jorwell	S BEFORE USING ATTA	CHMENTS
Street Address			Street Address 120 Maplevill	e Main St.	·
City	State	Zip	Mapleville	State RI	<sup>Zip</sup> 02839
Director Name			Director Name		
John Koskin	as		Street Address		
120 Maplevi	lle Main St.				
City Mapleville	State RI	<sup>Zip</sup> 02839	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	IZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (**) ISSUED SHARES	K" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PA	AR VALUE		1000	Common	\$1.00

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

**5** 



2-14-02	
file Date:	
Check No.: 14356	
Ву:	
FOR SECRETARY OF STATE LISE ONLY	

Under penalty of perjury, I declare and affigm that I have examined this report, including any accompanying schedules and statements, and

mar an	statements	çontamed	nerein, are tri	ie and correct	
	/	$F_{-}$			ti –
		- 10		ə ./	
				2/2	2/1

Signature of Officer Print or Type Name of Officer

Title of Officer	

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. <b>21</b> 202	2. Name of Corporation  Metech In	" ernational, Inc	•		
3. Street Address Principal Business	Office		City	State	Zip
120 Mapleville 14. Business Phone No. (401) 568-0711 7. Brief Description of the Character		5. State of Incorporation DELAWARE	Mapleville	RI	02839 6. sic co <b>ģ</b> 5093
Processing of Pees 8. NAMES AND ADDRESS President Name	cious Metal S	crap	IMENT) FILL IN SPACES I  Vice President Name	BEFORE USING ATTA	ACHMENTS
John Koskinas <sup>Street Address</sup> 120 Mapleville M	ain Street		Street Address		
<sub>City</sub> Mapleville	State RI	<sup>zip</sup> 02839	City	State	Zip
Secretary Name			Treasurer Name		
Richard Hodgson Street Address			Street Address		
120 Mapleville Ma: Mapleville	in Street <sup>State</sup> RI	z <sub>ip</sub> 02839	City	State	Zíp
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE  Director Name	S BEFORE USING AT	TACHMENTS
Lars Wallenberg			Claes Jorwell		-
120 Mapleville Ma	in Street	71.	120 Mapleville		
Mapleville Director Name	RI	02839	City  Mapleville  Director Name	RI RI	02839
JJohn Koskinas			Street Address		
120 Mapleville Mai	in Street	Zip	City	State	Zip

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

ISSUED SHARES

1000

Number of Shares



FOR SECRETARY OF STATE USE ONLY

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

RI

Class/Series

Cammon

02839

Par Value

\$1.00

Mapleville

AUTHORIZED SHARES

Number of Shares

1000

Under penalty of perjury, I declare and ffirm that I have examined this report, including any accompanying selectures and statements, and that all statements contained heroin the true and correct.

| The signature proficer | The statements of the

Class/Series

Common

Par Value

\$1.00

Form 630 12/00

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

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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PHASE RIAD INSPRECIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 21202	2. Name of C Metech	orporation   International, Inc.			
3. Street Address Principal Business	Office .		City	State	Zip
120 Mapleville Ma 4. Business Phone No.	in Street	5. State of Incorporation	Mapleville	RI	02839 6. SIC Coa
(401) 568-0711 7. Brief Description of the Character	of Business Condi	DELAWARE ucted in Rhode Island			5093
Processing of Pre	cious Met	al Scrap			
8. NAMES AND ADDRESS President Name	SES OF THE	OFFICERS ("X" BOX FOR ATTACK	HMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTA	CHMENTS
John Koskinas Street Address	<b>V</b>		Street Address		
120 Mapleville Ma	in Street	_			
City	State	Zip	City	State	Zip
Mapleville Secretary Name	RI	02839	Treasurer Name		
Richard Hodgson  Street Address			Street Address		
120 Mapleville Ma	in Street	_			
City	State	Zip	City	State	Zip
Mapleville	$_{ m RI}$	02839			-
9. NAMES AND ADDRESS Director Name	ES OF THE I	DIRECTORS ("X" BOX FOR ATTA		S BEFORE USING ATI	ACHMENTS
			Director Name		
Lars Wallenberg			Claes Jorwell Street Address		
120 Mapleville Ma	in Street	-	120 Mapleville	Main Street	
City	State	- Zip	City	State	Zip
Mapleville Director Name	RI	02839	Mapleville Director Name	RI	02839
John Koskinas treet Address			Street Address		
120 Mapleville Ma	in Street	<u>.</u>			
City	State	Zip	City	State	Zip
Mapleville	RI	02839			•
IO. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (") ISSUED SHARES	X" BOX FOR ATTACHMEN	r)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	common	\$1	1000	common	\$1

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



٠	2/9/00	
File Date:		
Check No.:	11104	
Bv:	Ze	
,	ADV OF STATE LISE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying achedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Title of Officer



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

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	1999
Filing Period: January 1-March 1 •	Filing Fee: \$50.00	



(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpora	tion			•
21202	Mete	ch Internationa	al.Inc		
3. Street Address Principal Business			City	State	Zip
120 Maplev:	ille Main S	Street	Mapleville	RI	02839
4. Business Phone No.		5. State of Incorporation		11.1	6. SIC Code
(401) 568-071	1	Delaware			
7. Brief Description of the Character	of Business Conducted in				
Processing of	precious m	metal scrap			
8. NAMES AND ADDRESS			HMENT)		
President Name			Vice President Name		
John D. Koskir	n a c				
Street Address	las.		Street Address		
120 Maplevil	lle Main C+	root			
City	State State	Zip	City	State	Zip
Maplevi11e	RI	02839			
Secretary Name	1(1	02033	Treasurer Name		
Richard Hodgs	son				
Street Address			Street Address		
120 Maplevill	le Main Str	eet.			
City	State	Zip	City	State	Zip
Mapleville	RI	02839			
9. NAMES AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT)		
<b>Дуусуг</b> Name			Director Name		
Edward F. Brod	leur /Contr	oller			
Street Address	•		Street Address		<del></del>
120 Mapleville	MAin Stre				13 35 35
City	State	Zip	City	State	
Mapleville	RI	02839			्य हुम्
DANK Mr Name			Director Name		<u></u>
	nas / Pres	ident			
Street Address			Street Address		F AND
120 Mapleville					
City	State	Zip	City	State	Zip =
Mapleville	RI	02839			<b>93</b>
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	r)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	common	N/A	1,000	COMMON	NT / N
		/ **	1,000	common	N/A

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

	PAID	
	NOV 2 6 1999 231940	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	SECY OF STATE 1 9766 WY LS 1	that all vatements contained herein are true and correct.
Check No.:	SECEIVED RECEIVED SETARY OF STALE	John D. Koskinas
By:		Print or Type Name of Officer  PResident
FOR SECRETA	RY OF STATE USE ONLY	Title of Officer



(FORM MUST BE TYPED IN BLACK)

I. Compatible No.

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

1998

### STOP PELSM. READ INSTRUCTIONS

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

<sup>2</sup>Metéch international, inc.

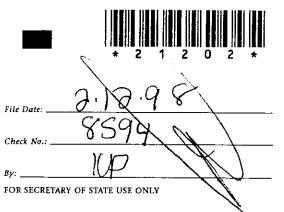
3. Street Address Principal Business Off	fice		City	State		Zip	
120 Mapleville 4. Business Phone No.	Main Stree	t <sup>5</sup> . <b>DELÁWARE</b> ion	Mapleville	R	I	02839 6. SIC Code	J
(401) 568-0711 7. Brief Description of the Character of							
Processing of  B. NAMES AND ADDRESSE  President Name							
John D. Koskin	a c		Vice President Name				
treet Address	as		Street Address				
120 Mapleville	Main Stree	t Zip	City	State		Zip	
Mapleville	RI	02839	Treasurer Name				
Richard Hodgson	n		Street Address				
120 Mapleville		t					
City	State	Zip	City	State		Zip	
Mapleville  NAMES AND ADDRESSES  Director Name	RI S OF THE DIRECTO	02839 DRS ("X" BOX FOR ATTACL	HMENT) Director Name				
Lars Wallenberg treet Address	9		Bengt Lofkvist Street Address				
120 Mapleville	Main Street	Zip	$\underset{\mathit{City}}{\texttt{120}} \ \texttt{Mapleville}$	Main State	Street	Zip	
Mapleville	RI	02839	Mapleville Director Name	RI		0283	9
John D. Koskina treet Address	as		Thomas Cederbo	rg			
120 Mapleville	Main Street	- Zin	120 Mapleville	Main	Street		

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

02839

Par Value

N/A



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

RΙ

Class/Series

common

Mapleville

AUTHORIZED SHARES

Number of Shares

1,000

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 begin are true and correct.

Signature of Officer

Date

RΙ

common

Class/Series

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

02839

N/A

Par Value

John D. Koskinas
Print or Type Name of Officer

President

Mapleville

ISSUED SHARES

1,000

Number of Shares

Title of Officer



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. 21202

Number of Shares

1,000

2. Name of Corporation

Boliden Metech, Inc.

120 Maplevill	e Main Street		<sup>City</sup> Mapleville	State RI	<sup>Zip</sup> 02839
4. Business Phone No. 401-568-0711	·	5. State of Incorporatio	n		6. SIC Code
7. Brief Description of the Chara	acter of Business Conducted i	DELAWARE n Rhode Island			
Processing of 8. NAMES AND ADDR	Precious Meta		ACHMENT)		
President Name			Vice President Name		
John D. Koski: Street Address	nas		Street Address		
120 Mapleville  Mapleville	e Main Street State RI	zip 02839	City	State	Zip
Secretary Name Richard Hodgs	on		Treasurer Name Kare Hokmark		
Street Address 120 Mapleville	e Main Street		Street Address 120 Mapleville	Main Street	
City Mapleville	State RI	zip 02839	City Mapleville	State RI	<sup>Zip</sup> 02839
9. NAMES AND ADDR Director Name Lars Wallenber		ECTORS ("X" BOX FOR AT	TTACHMENT)  Director Name  Bengt Lofkvist		
Street Address 120 Mapleville	e Main Street		Street Address 120 Mapleville	Main Street	
City Mapleville	State RI	<sup>Zip</sup> 02839	<sup>City</sup> Mapleville	State RI	zip 02839
Director Name John D. Koskir	nas		Director Name Thomas Cederbor	g	
Street Address 120 Maplvevill	e Main Street		Street Address 120 Mapleville	Main Street	
City Mapleville	State RI	zip 02839	<sub>City</sub> Mapleville	State RI	<sup>Zip</sup> 02839
10. SHARES AUTHORIZA AUTHORIZED SHARES	ZED AND ISSUED (*	X" BOX FOR ATTACHMENT.	) ISSUED SHARES		

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

ISSUED SHARES

Number of Shares

1,000

	* 2 1 2 0 2 *
File Date:	M2197
Check No.:	957
Ву:	or sel
	OF STATE USE ONLY

Class/Series

Common

Par Value

N/A

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. 2-24-97

Class/Series

Common

Par Value

N/A

John D. Koskinas Print or Type Name of Officer

President

Title of Officer

### 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

ZIP CODE  O 2839 6. SIC CODE
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Company of Section 1
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N/A
ernen samuel variet i variet i
a 6.6. for the foreign appropriate that the ingress of the con-
and the same and the same of t

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

Kare Hokmark

Print or Type Name of Officer

Treasurer

1/22/96

Title of Officer

Date

# State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0021202				1995	
Corporate ID:		Α	nnual Report for		
Bo	liden Metech		-	•	
Name of Corporation:					
Business entity organized under the laws of	of the State of: Delaw	are	Business Entity	is (check one):	
For foreign entity, address and telephone i	number of principal office:			orporation (See RIGL Chapter 7-1.1	1)
N/A				al Service Corporation (See RIGL C	
			[ ] 110100000000	a sorvice corporation (see RIGE C	парил 7-5.1)
			Brief statement	of the character of business conducte	od in Dhoda Y-1 J
Phone: ( )		·		ng of precious metal s	
Address and telephone of the principal off	ice of business entity in R	hode	LIOCESSII	ig or precious metal s	Стар
Island (Provide street address - Not P.O. B					
120 Mapleville Main	Street			• • • • • • • • • • • • • • • • • • • •	
Mapleville, RI 0283	9	•	•		
			* · · · ·	- Andrew Committee and the second	i i i
Phone: (401 ) 568-0711			•	to the second of	* # *
			**		1 1 n n
	THE NA	MES OF THE	OFFICERS AR	E:	
PRESIDENT		STREET ADDRE	SS	CITY/STATE	ZIP COD
John Cesar	120	Maplevill	e Main St.	Mapleville RI	02839
VICE PRESIDENT	<u> </u>	STREET ADDRE		CITY/STATE	ZIP COD
SECRETARY		STREET ADDRE	SS	CITY/STATE	ZIP COD
Kare Hokmark	120	Mapleville	e Main St.	Mapleville RI	02839
TREASURER		STREET ADDRE		CITY/STATE	ZIP COD
Kare Hokmark	120	Mapleville	e Main St.	Mapleville RI	02839
	THE NAM	IES OF THE	DIRECTORS AI		
NAME		STREET ADDRE		CITY/STATE	ZIP COD
Kjell Nilsson	120	Mapleville	e Main St.	Mapleville RI	02839
NAME		STREET ADDRE	SS	CITY/STATE	ZIP COD
Bengt Lofkvist	120	Mapleville	Main St.	Mapleville RI	02839
NAME	<del>-</del>	STREET ADDRE		CITY/STATE	ZIP CODI
Bo Jakobsson	120	Mapleville	Main St.	Mapleville RI	02839
			• • • • • • • • • • • • • • • • • • • •		
NUMBER OF SHARES AUTHORIZED (Ric	ler may be attached)	1	NUMBER OF SHARE	S ISSUED AND OUTSTANDING (Ric	der may be attached)
Number of Shares 1,000 Class / S	Series common			000	
vulliber of Shares 1,000 class / S	series COmmon	ļ r	Number of Shares 1	,000 Class/Series common	
<sub>Date</sub> January 26,	95		2-re (1)_		
Jan	, 19	Ву:			<u> </u>
		PRINT OR TYPE	' <u>e Hokmark</u> NAME OF OFFIÇER SIGNII	NG	
Form 31 1/95		TITLE OF OFFICE	e Hokmark Name of Officer Signii retary / Treas R Signing	surer	
DES	SIGNATED REGIST				
DE <sub>k</sub>	WOUNTED KEGIOT	DIGEN AGEN	I I UK SEKVIC	C OF PROCESS:	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM 125 DYER STREET PROVIDENCE RI 02903 128456

Filing Fee \$50.00 Payable to: Secretary of State

Corporate ID:

### PLEASE TYPE or PRINT

0021202

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

1994

### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:		Annual Report for	or the year:			
Name of Business Entity:		Boliden Metech, Inc.				
Business entity organized under the laws of the State of:	Delaware	Business Enti	ty is (check one):			
		(X) B	usiness Corporation (See RIG	L Chapter 7-1.1)		
Federal Taxpayer Identification Number:  For foreign entity, address and telephone number of principa	I office:		ofessional Service Corporation inited Liability Company (Se	•	er 7-5.1)	
N/A		communication	d mailing address of contact p ns may be directed: F. Brodeur	person to whom		
		_ Control	les			
Phone: ( )		address	same			
Address and telephone of the principal office of business entills and (Provide street address - Not P.O. Box):	ty in Rhode	Brief statemer	at of the character of business	conducted in Rhode	e Island:	
120 Mapleville Main Street		1	ecycling			
Mapleville, RI 02839						
		Date of Organ	ization: 2/17/83			
Phone: (401 ) 568-0711		1	ication to do business in Rho	le Island (if foreign	entity):	
TH	E NAMES OF TI	HE OFFICERS A	RE:			
☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Check One)	STREET AD	DRESS	CITY/STATE		ZIP CODE	
James Schomer 120 ☐ CHIEF OPERATING OFFICER OR ☑ VICE PRESIDENT (Check One)	) Mapleville STREET ADE		Mapleville RI	02839	ZIP CODE	
<del></del>			Mapleville RI	02839	ZIFCODE	
CUSTODIAN OF RECORDS OR SECRETARY (Check One)	STREET ADI		CITY/STATE	00000	ZIP CODE	
Torgny Astrom 120  CHIEF FINANCIAL OFFICER OR TREASURER (Check One)	) Mapleville STREET ADD		Mapleville RI	02839		
			CITY/STATE Mapleville RI	02839	ZIP CODE	
THE	NAMES OF TH	E DIRECTORS		-		
NAME Fiell Millagon 120	STREET ADD		CITY/STATE	00000	ZIP CODE	
Kjell Nillsson 120	Mapleville STREET ADD		Maplveille RI_	02839	ZIP CODE	
Torgny Astrom Sam	ie					
NAME Bengt Lofkvist Sam	STREET ADD	DRESS	CITY/STATE	-	ZIP CODE	
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SH	ARES ISSUED AND OUTS	FANDING (If Appl	icable)	
NUMBER 1000		NUMBER	1000			
CLASS Common		CLASS	Common			
SERIES N/A		SERIES	N/A			
PAR VALUE OR WITHOUT PAR 1.00		PAR VALUE OR WITHOUT PAR	1.00			
DateFebruary 3, 1994	ву: Д	Pobest of	nau .			
		ert Macri PE NAME OF OFFICER SIG	NING			
	Trea	asurer				
	TITLE OF OFF	FICER SIGNING	· · · · · · · · · · · · · · · · · · ·			
Form 31 1/94						
DESIGNATED REGISTER	ED OR RESIDE	NT AGENT FOR	SERVICE OF PROCES	S:		

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CT CORPORATION SYSTEM 123 DYER STREET PROVIDENCE RI 029 -, KI 05803 2008 1000 2008 Ct 21486

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corpotate ID	Ω021202	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Annual Repo	rt for the year199	; {
First:	The name of the corporati	on is	Boliden Met	ech, Inc	
Second:	: It is incorporated under	the laws ofDe	laware		
Third:	Character of business, brid	efly stated, is Sc	rap Recycling		
	If foreign corporation, a			apleville Main	Street,
<b>Гі</b> тн:	Business address in Rhode	Island Same			
Ѕіхтн:	Names and addresses of its	s directors and o		(Attach ri	der if necessary)
Kjell Nil Torgny As James Sch	***************************************	170	Manietti ile Ma	in St., Maplevi in St., Maplevi in St., Maplevi	II 🖈 - DT ለባርሳለ
Bengt Lof	fkvist	Director 120	Mapleville.Ma	in St., Maplevi	lle,RI02839
James Sch	nomer	President120	Mapleville Ma	in St., Maplevil	l <u>le, RI 0</u> 2839
John Sutt	on	Vice President	Mapleville Ma	in St., Maplevil	le, RI 02839
	strom				
	ecri			inSt,Maplevil	
SEVENTH:			Series	Par Vale or statemen shares are w par valu	ne t that fthout
1000	Commo	n		1.0	
Еіднтн:	Number of Shares issued:		TEO ( Pro	Par Valu or statemen	e that
No. of Shar	res Class		Series	shares are wi par valu	
1000	Common	n		1.0	0
Dated Janu	ary 29 19 9		BO (OEN )	NETECH, INC	<u> </u>
(Rep	port must be signed by an officer	By. r) Titl	e Vice P	RE5,052 [	

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0021202	Annual Report for the	year
FIRST: The name of	of the corporation is	SolidenMetech	,Inz
SECOND: It is income	rporated under the laws of	Delaware	
THIRD: Character of	of business, briefly stated, is	Scrap Recycling	
-		rincipal office120 Mapleville	
		me	
SIXTH: Names and	addresses of its directors and	l officers: Address (including nur	(Attach rider if necessary)
Kjell Nillsson Torgny Astrom James Schomer	Director	120 Mapleville Main Stre	eet, Mapleville, RI 02839 eet, Mapleville, RI 02839 eet, Mapleville, RI 02839
Bengt Lofkvist	Director	120 Mapleville Main Stre	et, Mapleville, RI 02839
James Schomer	President	120 Mapleville Main Stre	et, Mapleville, RI02839
John Sutton	Vice Preside	enū20 Mapleville Main Stre	et, Mapleville, RI 02839
Torgny Astrom	Secretary	120 Mapleville Main Stre	et, Mapleville, RI 02839
Robert Macri	Treasurer	120 Mapleville Main Stre	et, Mapleville, RI 02839
SEVENTH: Number of No. of Shares	of Shares authorized:		Par Value or statement that shares are without
	Class	P Spiel D	par value
1000	Common	MAR 0 6 1092	1.00
Eighth: Number of	Shares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common		1.00
Dated March. 2,		Name of Corporation)	٥
	В	y Seo & Safre Title Vice - Preside	nee
(Report must be signal	gned by an officer) T	itle Vice-Preside	<i>X</i>

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Flantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	)021202	Annual Report for t	the year1991	
FIRST: The name of	of the corporation is	Boliden Metech,	Inc	
SECOND: It is inco	rporated under the laws of	Delaware		
THIRD: Character	of business, briefly stated, is	Scrap Recycling		
FOURTH: If foreign	o corporation, address of its pr	incipal office120 Maplevi	lle Main Street	
FIFTH: Business ad	dress in Rhode IslandSan	ne		
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)	
James Schomor	Director Director Director	120 Mapleville Main :	M*************************************	2839 2839 2839
Bengt Lofkvist	Director	120 Mapleville Main	Street, Mapleville, RI 02	839
James Schomer	President	120 Mapleville Main S	Street, Mapleville, RI 02	839
John Sutton	Vice Presider		Street, Mapleville, RI 02	839
Torgny Astrom	Secretary			839
Robert Macri	Treasurer	120 Mapleville Main S	Street, Mapleville, RI 02	839
SEVENTH: Number  No. of Shares	of Shares authorized:	PÅIT)	Par Value or statement that shares are without par value	
10000	Common	EEE 11 1891	1.00	
Eighth: Number of	f Shares issued:	TOYOFSTATE	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
1000	Common		1.00	
Dated January 29	19 91 [N	attle of Corporation	/	
(Report must be si	igned by an officer) Ti			

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID002	1202	Annual Report for the	year 1990
First: The name of	the corporation is	Boliden Metech, I	TC.
SECOND: It is incorp	orated under the laws of	Delaware	
		Scrap Recycling	
		cipal office 120 Maplevil	The state of the s
SIXTH: Names and ad	Idresses of its directors and of	fficers; Address (including num	(Attach rider if necessary)
Kjell Nillsson Torgny Astrom James Schomer	Disabase	120 Mapleville Main St 120 Mapleville Main St	treet. Mapleville.RI 028 treet, Mapleville,RI 028 treet. Mapleville.RI 028
	Director		Street,Mapleville,RI 028
	President	120 Mapleville Main S	treet, Mapleville,RI 02
John Cuttini	Vice President	120 Mapleville Main St	reet, Mapleville,RI 028
Torgny Astrom	Secretary		reet, Mapleville,RI 028
Robert Macri	Treasurer		reet, Mapleville,RI 028
SEVENTH: Number of	Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1000	Common	a e 5 <sup>-7</sup> a	1.00
EIGHTH: Number of S.	hares issued:	PAID 3 1 2 1891	Par Value or statement that
No. of Shares	Class	Series	shares are without  par value
1000	Common		1.00
Dated		e of Corporation)	
(Report must be signe	By d by an officer) Title		M

# State of Phode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		NCE, RHODE	ISLAND 02903		<b>(</b>	
Corporate ID	4 4 35 W <u>4.</u>	••••	Annual Rep	ort for the year		
First: The name	of the corporation is	B	oliden Mete	ch, Inc.		
Second: It is inco	orporated under the laws	ofDel	.aware			
	of business, briefly stated					
	n corporation, address of	its princip	al office120 M	apleville Ma	ain Street	
FIFTH: Business ac	Idress in Rhode Island	Same				••••••
SIXTH: Names and	addresses of its directors			(including number, st	(Attach rider if nec	cessary)
Kjell Nillsson	Directo	. 1			t, Mapleville,	RI 02839
Torgny Astrom James Schomer	DIRECT	OR 1	20 Mapleville	Main Street	t, Mapleville,	RI 0283
Bengt Lofkvist	Directo				t, Mapleville,	
Inna a Cabanan	Preside		20 Mapleville	Main Street	, Mapleville,	RI 0283
John Sutton	Vice Pro	esident	20 Mapleville	Main Street	, Mapleville,	RI 0283
Torgny Astrom	Secretar				, Mapleville,	
Robert Macri	Treasure	er1.	20 Mapleville	Main Street	, Mapleville,	RI 0283
SEVENTH: Number  No. of Shares	of Shares authorized:		Series		Par Value or statement that shares are without par value	
1000	Common				1.00	
Faces N						
Eіghth: Number o	f Shares issued:		FEB 2	8 1989	Par Value or statement that	
No. of Shares	Class		Series		shares are without par value	
1000	Common			· • .	1.00	
Dated 2 - 2 -	7 19 <u>8.4.</u>	(Name of	Corporation)		uc	
_			· · · · · · · · · · · · · · · · · · ·			
(Report must be si	igned by an officer)	Title	IKEASUR	ER	•	

<u>Name</u>	<u>Office</u>	Address
Leo Lafreniere	Vice President	120 Mapleville Main Street, Mapleville, RI 02839
David Carroll	Vice President	120 Mapleville Main Street, Mapleville, RI 02839

FEB 28 F

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

SECOND: It is incorporated under the THIRD: Character of business, briefly s	laws of stated, is ess of its j	Scrap Recycling  principal office 1 Main Street, M  Same	apleville, RI 0283
THIRD: Character of business, briefly s  FOURTH: If foreign corporation, addre	ess of its p	Scrap Recycling  principal office 1 Main Street, M  Same	
FOURTH: If foreign corporation, addre	ess of its part of the sectors and	principal office 1 Main Street, M Same	
	ndectors an	Same	
FIFTH: Business address in Rhode Islan	ectors and		
		d officers:	
SIXTH: Names and addresses of its dire		Address (including number, s	(Attach rider if necessary) treet, zip code)
Kjell Nillsson Di	irector	1 Main Street, Mapleville	, RI 02839
Torgny Astrom Di	irector	1 Main Street, Mapleville	, RI 02839
James Schomer Di	irector	1 Main Street, Mapleville	, RI 02839
James Schomer Pro	esident	1 Main Street, Mapleville	, RI 02839
John Sutton Vio	ce Presid	ent 1 Main Street, Mapleville	, RI 02839
Torgny Astrom Sec	cretarv	1 Main Street, Mapleville	•
Robert Macri Tre	•	l Main Street, Mapleville,	, RI 02839
SEVENTH: Number of Shares authorized	d:		Par Value
No. of Shares Class		Series	or statement that shares are without par value
1000 Common		PAID	1.00
		FEB 15 1988	4
EIGHTH: Number of Shares issued:			Par Value or statement that
No. of Shares Class		SEC'Y. OF STATE Series	shares are without par value
1000 Common			1.00
ted Feb 10 1988		Bolinen Metech, Inc.	
	E	Man.	
(Report must be signed by an officer)	Т		

Name	<u>Office</u>	Address		
Leo Lafreniere	Vice President	1 Main Street, Mapleville, RI 02839		
David Carroll	Vice President	1 Main Street, Mapleville, RI 02839		

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 21202	••••••	Annual Report for th	ne year1987
FIRST: The name of the co	orporation isBol.i	den Metech, Inc.	
Second: It is incorporated	d under the laws of	Delaware	
THIRD: Character of busin	ness, briefly stated, is	Scrap Recycling	
FOURTH: If foreign corpor	ration, address of its pr	incipal officeOne Main	Street, Mapleville,
FIFTH: Business address in	Rhode Islandse	ane	
SIXTH: Names and address	ses of its directors and		(Attach rider if necessary)
Torgny Astrom	Director	One Main Street, P.O.	Box 500, Mapleville, RI
James Schomer	Director	One Main Street, P.O.	028 Box 500, Mapleville, RI
Roland Widmark	Director	One Main Street, P.O.	028 Box 500, Mapleville, RI
James Schomer	President	One Main Street, P.O.	028 Box 500, Mapleville, RI
John Sutton	Vice Presider	nt One Main Street, P.O.	028 Box 500, Mapleville, RI
Manager Ashara	Secretary		028 Box 500, Mapleville, RI
	Treasurer		028 Box 500, Mapleville, RI
Seventh: Number of Shar			028 Par Value
No. of Shares		Series	or statement that shares are without par value
1000	P	~ 5 1987	1.00
EIGHTH: Number of Shares	rea s issued:	AID Series  0.5 1987  OF STATE  Series	Par Value or statement that shares are without
1000	Class	Series	par value 1.00
Dated Fibruary	19.87. ) R 13.1987 By	Bolider Delech ame of Corporation) Rubert Macri	Luc.
(Report must be signed by a	an officer) Ti	de Vice President	t of Finance

Name	Office	Address
Leo E. Lafreniere	Vice President	One Main Street, P.O. Box 500, Mapleville, RI
David N. Carroll	Vice President	One Main Street, P.O. Box 500, Mapleville, RI 02839

# State of Rhode Island and Providence Ilantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID212	02	Annual Report for t	he year 1986
First: The nam	ne of the corporation isBol.i		
Second: It is in	acorporated under the laws of		
THIRD: Charact	er of business, briefly stated, is	Scrap Recycling	
FOURTH: If fore	ign corporation, address of its pr	incipal office Boliden Inc	3.
	uare, Stamford, CT 0690		
	address in Rhode Island On		
	RI 02839		
	nd addresses of its directors and	officers:	(Attach rider if necessary) number, street, zip code)
Anders Erlandss	on + Director	One Main Street, P.O.	Box 500, Mapleville, RI
Torgny Astrom	Director	One Main Street, P.O.	02839 Box 500, Mapleville, RI 02839
James Schomer	Director	One Main Street, P.O.	Box 500, Mapleville, RI
James Schomer	President	One Main Street, P.O.	02839 Box 500, Mapleville, RI
John Sutton	Vice Presider	nt One Main Street, P.O.	02839 Box 500, Mapleville, RI
Torgny Astrom	Secretary	One Main Street, P.O.	02839 Box 500 Mapleville, RI
Robert Macri	Treasurer	One Main Street, P.O.	02839 Box 500, Mapleville, RI
SEVENTH: Numb	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without  par value
1000	Common		\$1.00
Еіднтн: Numbei	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common		\$1.00
Dated 2 - 2.7	Visite Vi	Boliden Metech, Inc.	acri
· ·	e signed by an officer) $\int \int Tit$	le Vice Par	25/00NT
Form 31 1/85	3		

Name	Office	Address
Roland Widmark	Director	One Main Street, P.O. Box 500, Mapleville, RI
Mats Bergqvist	Director	02839 One Main Street, P.O. Box 500, Mapleville, RI
Paer Bunke	Director	02839 One Main Street, P.O. Box 500, Mapleville, RI
Leo Lafreniere	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI
David Carroll	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI 02839

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

21202

		Annual Report for	r the year	1985
FIRST: The nam	ie of the corporat	ion is BOLIDEN M	TETECH, IN	C.
		CORPORATE ID #	21202	
SECOND: It is in	ncorporated unde	r the laws of Delaw	are	
THIRD: Charact	er of business, bri	efly stated, is Scrap	Recyclin	<u> </u>
101 Eisenhower Parku	vay, Roseland, N			
		de Island (blank repo		mailed to this
address) One Main S	Street, P.O. Box	, Mapleville, RI 0	2839	
		its directors and offi	cers:	
(Address	es must include stre	et and number, if any)		
Name	Office		Address	
Anders Erlandsson	Director	One Main Str	eet, P.O.	Box 500. Mapleville, F
Anders Kjellberg	Director	One Main Str	eet, P.O.	02839 Box 500, Mapleville, F
James Schomer	Director	One Main Str	eet. P.O.	02839 Box 500, Mapleville, R
James Schomer	Presiden	t One Main Stre	eet, P.O.	02839 Box 500, Mapleville, R
John Sutton	Vice Pre	esident One Main Stre	eet, P.O.	02539 Box 500, Mapleville, R
Torgny Astrom				02839 Box 500, Mapleville, R
Dahamb Manud	Treasure			02839 Box 500, Mapleville, R 02839
SEVENTH: Numb	er of Shares aut	horized:	]	Par Value
No. of Shares	Class	Series	share	tatement that es are without par value
1000	Common		:	\$1.00
EIGHTH: Number	of Shares issue	d: Series	or st share	Par Value atement that s are without par value
1000	Common		ś	\$1.00
			,	, L. 00
Dated: January 9,	<b>2</b> 19 85	BOLIDEN METE		
	/30/85	(Name of Corporati	$\frac{1}{2}$	•
	<del>-</del> '	By Janes	[[]	ier
	PAID	Title Vice Preside	ent-Financ	e
		(Report must be	signed by a	n officer)
If the committee to	25 E A	istered office and/or its		<del></del>

Name	Office	Address
Lennant Bergstedt	Director	One Main Street, P.O. Box 500. Mapleville, RI
P. Orian Odenbro	Director	02830 One Main Street, P.O. Box 500, Mapleville, RI
Leo Lafreniere	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI
David Carroll	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI 02839

# State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

21202

		Annual Report for	r the year 1984	
First: The name	of the corporation i	S BOLIDEN METE	CH, INC.	
		CORPORATE ID #	21202	
SECOND: It is inco	rporated under the	e laws of Delaws	are	
THIRD: Character	of business, briefly	stated, is Scrap	Recycling	······
Fourth: If foreig	n corporation, add		pal office Bolide	en Inc.
FIFTH: Business a	ddress in Rhode Is	land (blank repo	rts will be maile	ed to this
	eet, P.O. Box 500.		02839	,
SIXTH: Names and	addresses of its d	irectors and offi	cers:	
	must include street and			
Name	Office		Address	
Anders Erlandsson	Director	One Main Stre	et, P.O. Box 50	00, Mapleville, RI
Anders Kjellberg	Director	One Main Stre	et, P.O. Box 50	02839 00, Mapleville, RI
James Schomer	Director	One Main Stre	et, P.O. Box 50	02839 00, Mapleville, RI
James Schomer	President	One Main Stre	et, P.O. Box 50	02839 00, Mapleville, RI
John Sutton	Vice Preside	nt One Main Stre	et, P.O. Box 50	02839 00. Mapleville. RI
Torgay Astron	Secretary	_	et, P.O. Box 50	02839 00, Mapleville, RI
Pohent Magni	Treasurer	***************************************	***************************************	02839 0, Mapleville, RI
(If additional space is needed				02839
SEVENTH: Number	of Shares authoriz	zed:	Par Val	
No. of Shares	Class	Series	or statemen shares are w par valu	vithout
1000	Common		\$1.00	
Eighth: Number o	f Shares issued:		Par Vals	70
No. of Shares	Class	Series	or statement shares are w	that ithout
7.000	_	Scries	par valu	.e
1000	Common		\$1.00	
Dated: January 9,	19. <b>∲</b> 5 30/ 8 <b>5</b> By	BOLIDEN MET		
	₽ Tit	tle Vice Preside	ent-Finance	
	₽	(Report must be	signed by an office	<b>∍r</b> )

If the corporation has changed in registered office and/or its registered agent, Form #9 must be filed. Please confact Corporation Division for information. 277-3040

Name	Office	Address
Lennant Bergstedt	Director	One Main Street, P.O. Box 500, Mapleville, RI
P. Orian Odenbro	Director	02839 One Main Street, P.O. Box 500, Mapleville, RI
Leo Lafreniere	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI
David Carroll	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI 02830

Filing fee: \$15.00

FORM 31 11-62

To be filed annually between January 1st and March 1st

### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		Annual Report for	the year1983
FIRST: The nam	ne of the corporation	is Boliden Mete	ch, Inc.
_	ncorporated under th		ware o Recycling
FOURTH: If for			oal office Boliden Inc.
Fifth: Business	address in Rhode I		rts will be mailed to this
address) One Main St	reet, P.O. Box 500,	Mapleville, RI	02839.
SIXTH: Names a	and addresses of its	directors and office	cers:
(Address	es must include street ar	nd number, if any)	
Name	Office		Address
Anders Erlandsson	Director	One Main Stre	et, P.O. Box 500, Mapleville,
Anders Kjellberg	Director		0. et, P.O. Box 500, Mapleville,
James Schomer	Director		et, P.O. Box 500, Mapleville,
James Schomer	President		et, P.O. Box 500, Mapleville,
John Sutton	Vice Preside		et, P.O. Box 500, Mapleville,
	Secretary		01 2t, P.O. Box 500, Mapleville,
Rohent Macri	Treasurer		02 et. P.O. Box 500, Mapleville, 02
SEVENTH: Numb	er of Shares author	ized:	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1000	Common		\$1.00
	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1000	Common	3	\$1.00
Dated: 2-15	19. <b>8</b> °	Name of Corporati	Motech, Ivc.
MAR 20 1984	•	itle Agasura, (Report must be	Macri  Signed by an officer)
le alt	as changed its register	2	

Name	Office	Address	
Lennant Bergstedt	Director	One Main Street, P.O. Box 500, Mapleville, RI	
P. Orian Odenbro	Director	02839 One Main Street, P.O. Box 500, Mapleville, RI	
Leo Lafreniere	Officer	02839 One Main Street, P.O. Box 500, Mapleville, RI	
David Carroll	Officer	One Main Street, P.O. Box 500. Mapleville, RI	