

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

FILED
JAN 2 3 2017 02

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY_5555	33350
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1. Entity ID Number	2. Exact name of the Corporation						
12722	Fielding Mfg Zinc Diecasting, Inc.						
3. Principal Office Address			City		State	Zip	
780 Wellington Avenue			Cranston		RI	02910	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island					•	
31-33 - Manufacturing	TO MFG., CONSTRUCT, ASSEMBLE, PURCHASE, ACQUIRE AND SELL PLASTIC MOLDS, DIES						
5. State of Incorporation	AND RELATED TOOLS.						
Rhode Island							
7. List ALL officers (names and add	resses)			Check	the box to i	ndicate an attachment 🔲	
President Name Steven P. Fielding	sident Name Steven P. Fielding			Vice-President Name			
Street Address 780 Wellington Avenue			Street Address				
^{City} Cranston	State RI	^{Zip} 02910	City		State	Zip	
Secretary Name Steven P. Fielding			Treasurer Name Steven P. Fielding				
Street Address 780 Wellington Avenue			Street Address 780 Wellington Avenue				
City Cranston	State RI	^{Zip} 02910	City Cranston		State RI	^{Zip} 02910	
8. List ALL directors (names and ad	dresses)	·			the box to i	ndicate an attachment 🔲	
Director Name Steven P. Fielding							
Street Address 780 Wellington Avenue			Street Address				
City Cranston	State RI	^{Zip} 02910	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Issued						
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		143		CWP/A		\$0.01	
Changes require an additional filing.							
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 , ,							
Steven P. Fielding					1/	7/2017	
Signature of Authorized Representa		<u> </u>		····			
Heven Field X SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016