



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 R.I. DEPT. OF STATE
 2017 FEB 03 PM 1:13

1. Entity ID Number 959424		2. Exact name of the Corporation C & G Casting of RI, Inc.			
3. Principal Office Address PO Box 2826		City Pawtucket	State RI	Zip 02861	
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Jewelry casting and any other lawful business.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carolyn A. Campbell			Vice-President Name Lisa K. Goozey		
Street Address 6 Friar Tuck Lane, Unit 51			Street Address 33 Shippee Schoolhouse Road		
City Coventry	State RI	Zip 02816	City Foster	State RI	Zip 02825
Secretary Name Lisa K. Goozey			Treasurer Name Carolyn A. Campbell		
Street Address 33 Shippee Schoolhouse Road			Street Address 6 Friar Tuck Lane, Unit 51		
City Foster	State RI	Zip 02825	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa K. Goozey			Director Name Carolyn A. Campbell		
Street Address 33 Shippee Schoolhouse Road			Street Address 33 Shippee Schoolhouse Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Carolyn A. Campbell, President				Date 1/30/17	
Signature of Authorized Representative <i>Carolyn A. Campbell</i>				Date FEB 03 2017	
SIGN DOCUMENT HERE BY <i>CA 284967</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov