



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

Annual Report for the year: 2017
 Corporation

STAMP

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

1. Entity ID Number 1665155		2. Exact name of the Corporation Admiral Metals Servicenter Company, Inc.			
3. Principal Office Address 11 Forbes Road			City Woburn	State MA	Zip 01801
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Sale of metal products			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James S Burstein			Vice-President Name Gerald D Burstein		
Street Address 11 Forbes Rd			Street Address 11 Forbes Rd		
City Woburn	State MA	Zip 01801	City Woburn	State MA	Zip 01801
Secretary Name Steven L Goldy			Treasurer Name David Pascucci		
Street Address 11 Forbes Rd			Street Address 11 Forbes Rd		
City Woburn	State MA	Zip 01801	City Woburn	State MA	Zip 01801
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James S Burstein			Director Name Gerald D Burstein		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name Steven L Goldy			Director Name David Burstein		
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		CLASS/SERIES	
		10000		10	
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 David Pascucci, Treasurer				Date 2/10/17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED

FEB 17 2017

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