



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.

1. Entity ID Number 43576		2. Exact name of the Corporation Pease & Curren Incorporated	
3. Principal Office Address 75 Pennsylvania Avenue		City Warwick	State RI
		Zip 02888	
4. NAICS Code 31-33	6. Brief description of the character of business conducted in Rhode Island precious metal refining		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Francis H. Curren III		Vice-President Name Patricia Adoptante	
Street Address 75 Pennsylvania Avenue		Street Address 75 Pennsylvania Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
Secretary Name Patricia A. Adoptante		Treasurer Name Francis H. Curren III	
Street Address 75 Pennsylvania Avenue		Street Address 75 Pennsylvania Avenue	
City Warwick	State RI	City Warwick	State RI
Zip 02888		Zip 02888	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Francis H. Curren III		Director Name	
Street Address 75 Pennsylvania Avenue		Street Address	
City Warwick	State RI	City	State
Zip 02888		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		2,000	common
			PAR VALUE
			\$1.00
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	
Signature of Authorized Representative		2/14/17	
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

FILED

FEB 22 2017

BY 94386  
A.A.

FORM 630 - Revised: 10/2016