RI SOS Filing Number: 201734923300 Date: 2/24/2017 4:00:00 PM

State of Rhode Island a  Department of S			Division				
Annual Report for the y	ear: 2017						
Corporation	<del> </del>	<del>_</del>	<del></del>				
<ul> <li>→ Filing period: January 1 -</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>		ot filed by April 1.					
Entity ID Number	2. Exact name	e of the Corporation	י חל				
67782	OCEA	N STATE META	ALS, INC.				
3. Principal Office Address	<sup> </sup>		City		State	Zip	
80 Delaine Street			Prov	vidence	RI	02909	
4. NAICS Code	6. Brief descri	iption of the charac	cter of business	conducted in Rho	de Island		
42	Brief description of the character of business conducted in Rhode Island						
5. State of Incorporation Rhode Island	PURCHA SILVER	PURCHASE AND SALE OF WHOLESALE AND RETAIL SCRAP, METALS, GOLD & SILVER					
7. List ALL officers (names and ad	ddresses)			Ch	eck the box to indi	cate an attachment	
President Name Michael Eides				Check the box to indicate an attachment Vice-President Name			
NICHAEL EIGES Street Address				Michael Eides Street Address			
80 Delaine Street			80 Delaine Street				
City Providence	State RI	Zip 02909	City Providence		State	<sup>Zīp</sup> 02909	
Secretary Name		02003	<del></del>		RI	02909	
Michael Eides			Michaeli	Treasurer Name Michael Eides			
Street Address	•		Street Addre	ss ne Street			
80 Delaine Street City	eet State Zip			City State Zin			
Providence	RI	02909	Providence		RI	02909	
8. List ALL directors (names and a Director Name	addresses)		Inc. A. M		eck the box to indi	cate an attachment	
Michael Eides			Director Nam	ie			
Street Address			Street Address				
80 Delaine Street	Totale Di	17:	0"	City State Zip			
Providence	State RI	02909	City	City		Zip	
Director Name		<u> </u>	Director Nam	Director Name			
Street Address	Stroot Addros	Street Address					
			Olloctridates				
City	State	Zip	City		State	Zip	
9. Shares Authorized	l	10. Shares Iss	ued	Che	eck the box to indic	ate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/S		ERIES PAR VALUE			
		1,000		common		\$.00	
Changes require an additional filing.	•						
11. This report must be executed o	n hehalf of the co	ornoration by an a	Uthorized repre	centative If the an	rnoration in in the	ando of a resistant	
<u>rustee, this report must be execute</u>	ed on behalf of th	ne corporation by t	he receiver or t	rustee.			
Under penalty of perjury, I declar statements, and that all stateme	re and affirm the	at I have examine	ed this report, a	including any acc	companying sche	dules and	
Name of Authorized Representative		erein are true and	a correct.		Date	/	
Michael Eides, Presider					2//3/	リブ	
					1 - 1 - 1	, •	
Signature of Authorized Represent	ative				,		
Signature of Authorized Represent	ative	SIGN DOG	UMENT LIE		,		

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: 10/2015