RI SOS Filing Number: 201737741190 Date: 3/6/2017 4:00:00 PM

(FF)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporatión

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

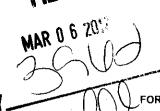
1. Entity ID Number 2. Exact name of the ASSA		E /N	confon	ATE	0			
3. Principal Office Address / 05 PEXTEN LO.	City EMST	Providen	State	I	02914			
4. Business Phone Number 401 - 434 - 3337	5. State of Incorporation CHOOF 15440							
6. Brief description of the character of business conducted in Rhode Island ANACYSIS OF PLECIOUS METALS BY FINE ASSAY METHOD								
7. List ALL officers (names and addresses)						an attachment		
President Name COMUNO E BREYN	14~	Vice-President						
Street Address PN31DENT A	VE	Street Address	PNE316	PENT	AU	E		
CITUREMSIDE State LI		_	SIDE					
Secretary Name MUND E. BREN		Preasurer Nam	MUND E	· BN	Rock	ita		
Street Address PM310WT AU			PM31000		ve			
City/1MS/DE State/I	2915	KIVE	MSIDE			202915		
8. List ALL directors (names and addresses)			Chec	k the box to	indicate a	ın attachment 🔲		
Director Name Director Name Director Name								
Street Address PNBIDENT AV	Street Address							
CITY INTOSIDE State LI Zip C	2915	City		State		Zip		
9. Shares Authorized	. Shares Authorized 10. Shares Issued Check the box to indicate an attachment							
This information is currently of record in the	NUMBER OF S	HARES	CLASS/SE	RIES		PAR VALUE		
Department of State.	100		COMME	γ /	No	PAR		
Changes require an additional filing.					- i 4h - h -			
 This report must be executed on behalf of the cor 				corporation i	s in the na	ands 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 he	rein are true ar	d correct.						
Name of Authorized Representative				Date		1		
EDMUND E. BRENNAN 2/28/17								
Signature of Authorized Representative								
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			EII ED)	h .	3.		

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: 05/2016