



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 114691		2. Exact name of the Corporation ASSAY ONE INCORPORATED	
3. Principal Office Address 105 DEXTER RD.		City EAST PROVIDENCE	State RI
		Zip 02914	
4. Business Phone Number 401-434-3337		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island ANALYSIS OF PRECIOUS METALS BY FINE ASSAY METHOD			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name EDMUND E. BRENNAN		Vice-President Name EDMUND E. BRENNAN	
Street Address 82 PRESIDENT AVE		Street Address 82 PRESIDENT AVE	
City RIVERSIDE	State RI	City RIVERSIDE	State RI
Zip 02915		Zip 02915	
Secretary Name EDMUND E. BRENNAN		Treasurer Name EDMUND E. BRENNAN	
Street Address 82 PRESIDENT AVE		Street Address 82 PRESIDENT AVE	
City RIVERSIDE	State RI	City RIVERSIDE	State RI
Zip 02915		Zip 02915	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name EDMUND E. BRENNAN		Director Name	
Street Address 82 PRESIDENT AVE		Street Address	
City RIVERSIDE	State RI	City	State
Zip 02915		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	
		PAR VALUE	
		100	
		COMMON	
		NO PAR	
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 EDMUND E. BRENNAN		Date 2/28/17	
Signature of Authorized Representative <i>[Signature]</i>		Date 2/28/17	

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

MAR 06 2017

BY

FORM 630 - Revised: 05/2016