



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 839738		2. Exact name of the Corporation HEAVY METAL CORP												
3. Principal Office Address 1515 ELMWOOD AVENUE		City CRANSTON		State RI	Zip 02910									
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island STEEL FABRICATION												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name JEREMY V. MOSES			Vice-President Name JEREMY V. MOSES											
Street Address 64 LAUREN COURT			Street Address 64 LAUREN COURT											
City CRANSTON	State RI	Zip 02921-3306	City CRANSTON	State RI	Zip 02921-3306									
Secretary Name JEREMY V. MOSES			Treasurer Name JEREMY V. MOSES											
Street Address 64 LAUREN COURT			Street Address 64 LAUREN COURT											
City CRANSTON	State RI	Zip 02921-3306	City CRANSTON	State RI	Zip 02921-3306									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name JEREMY V. MOSES			Director Name											
Street Address 64 LAUREN COURT			Street Address											
City CRANSTON	State RI	Zip 02921-3306	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000		0												
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 JEREMY V. MOSES				Date 8/11/17										
Signature of Authorized Representative [Signature]														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov