RI SOS Filing Number: 201855680340 Date: 1/5/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 05 2018
BY

1. Entity ID Number	2. Exact name of the Corporation			
6214	1ST CASTING COMPANY			
3. Principal Office Address		City	State	Zip
64 Dyerville Avenue		Johnston	RI	02919-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339910	jewelry manufacturing			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Gerald Traficante			Susan Traficante		
Street Address			Street Address		
64 Dyerville Avenue			64 Dyerville Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919-	Johnston	RI	02919-
Secretary Name			Treasurer Name		
Gerald Traficante			Susan Traficante		
Street Address			Street Address		
64 Dyerville Avenue			64 Dyerville Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919-	Johnston	RI	02919-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	10	Common	No Par
Changes require an additional filing.			

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
Gerald Traficante	President	1/02/2018

Signature of Authorized Representative

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: 10/2017