



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.

1. Entity ID Number 31941		2. Exact name of the Corporation PROVIDENCE METALLIZING CO., INC.			
3. Principal Office Address 51 FAIRLAWN AVENUE			City PAWTUCKET	State R.I.	Zip 02860
4. NAICS Code 339999	6. Brief description of the character of business conducted in Rhode Island VACUUM PLATING OF ALL TYPES OF MATERIALS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name RICHARD A. SUGERMAN			Vice-President Name CHARLES B. GADON		
Street Address 51 FAIRLAWN AVENUE			Street Address 51 FAIRLAWN AVENUE		
City PAWTUCKET	State R.I.	Zip 02860	City PAWTUCKET	State R.I.	Zip 02860
Secretary Name RICHARD A. SUGERMAN			Treasurer Name RICHARD A. SUGERMAN		
Street Address 51 FAIRLAWN AVENUE			Street Address 51 FAIRLAWN AVENUE		
City PAWTUCKET	State R.I.	Zip 02860	City PAWTUCKET	State R.I.	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD A. SUGERMAN			Director Name		
Street Address 51 FAIRLAWN AVENUE			Street Address		
City PAWTUCKET	State R.I.	Zip 02860	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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1 CLASS A	VOTING COMMON	\$0.00
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. <i>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.</i>					
Name of Authorized Representative RICHARD A. SUGERMAN					Date 1/22/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 29 2018

BY

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FORM 630 - Revised: 10/2017