



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 <b>146363</b>		2. Exact name of the Corporation <b>ADI POLISHING, INC.</b>			
3. Principal Office Address <b>81 CALDER ST.</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>424690</b>		6. Brief description of the character of business conducted in Rhode Island <b>METAL POLISHING COMPANY</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANGELO IZZO</b>			Vice-President Name <b>RAYMOND IZZO</b>		
Street Address <b>43 RUSSO STREET</b>			Street Address <b>95 OLD SNAKE HILL RD.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
Secretary Name <b>RAYMOND IZZO</b>			Treasurer Name <b>ANGELO IZZO</b>		
Street Address <b>95 OLD SNAKE HILL RD.</b>			Street Address <b>43 RUSSO ST.</b>		
City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANGELO IZZO</b>			Director Name <b>RAYMOND IZZO</b>		
Street Address <b>43 RUSSO ST.</b>			Street Address <b>95 OLD SNAKE HILL RD.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>CHEPACHET</b>	State <b>RI</b>	Zip <b>02814</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	
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 <b>ANGELO IZZO</b>				Date <b>JANUARY 22, 2018</b>	
Signature of Authorized Representative <i>Angelo Izzo</i>					

**FILED**  
 SIGN DOCUMENT *AI*

**FEB 20 2018**

BY 007790