RI SOS Filing Number: 201859523300 Date: 2/28/2018 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.

1. Entity ID Number	2. Exact name of the Corporation		
111177	LEEMAR CASTING COMPANY INC		
3. Principal Office Address	City	State	Zip
27 Mill Street	Johnston	RI	02919
4. NAICS Code: 315990	6. Brief description of the character of business conducted in Rhode Island: JEWELRY, POLISHING AND CASTING ON ALL TYPES OF JEWELRY.		
5. State of Incorporation: Rhode Island			

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

President Name: Lindsey Faiola			Vice-President Name: Amanda Faiola		
Street Address: 55 Melrose Street			Street Address: 55 Melrose Street		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Secretary Name: Lindsey Faiola			Treasurer Name: Amanda Faiola		
Street Address: 55 Melrose Street			Street Address: 55 Melrose Street		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

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

Director Name: Jessica Faiola			Director Name: David Faiola		
Street Address: 55 Melrose Street			Street Address: 55 Melrose Street		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910
Director Name: None			Director Name: None		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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: Lindsey Faiola

Date: 2/23/18

Signature of Authorized Representative: Lindsey Faiola

SIGN DOCUMENT HERE

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
FEB 28 2018
BY 489505

FORM 630 - Revised: 10/2017