



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 134905		2. Name of Corporation Exeter Scrap Metal, Inc. 7			
3. Street Address Principal Business Office 445 NOOSENECK HILL ROAD		City EXETER	State RI	Zip 02882-	
4. Business Phone No. 4013972727		5. State of Incorporation RHODE ISLAND			6. SIC Code 0885
7. Brief Description of the Character of Business Conducted in Rhode Island TO RECYCLE AND SELL ALL KINDS OF SCRAP METALS BOTH WHOLESALE AND RETAIL					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN J. GILLIGAN			Vice President Name KEVIN J. GILLIGAN		
Street Address 82 WEST SHORE DRIVE			Street Address 82 WEST SHORE DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name KEVIN J. GILLIGAN			Treasurer Name KEVIN J. GILLIGAN		
Street Address 82 WEST SHORE DRIVE			Street Address 82 WEST SHORE DRIVE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KEVIN J. GILLIGAN			Director Name		
Street Address 82 WEST SHORE DRIVE			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

*134905 DBC 08/11/05 10:04 AM

File Date AUG 22 2005

Check No. By PA 75105

By: GAH

FOR SECRETARY OF STATE USE ONLY

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.

Kevin J. Gilligan 8 19 05
Signature of Officer Date
Kevin J. Gilligan
Print or Type Name of Officer
President
Title of Officer



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3. Street Address Principal Business Office 445 Nooseneck Hill Road	City Exeter	State RI	Zip 02822
4. Business Phone No. (401)397-2727	5. State of Incorporation Rhode Island	6. SIC Code 0885	
7. Brief Description of the Character of Business Conducted in Rhode Island Recycling scrap metals			

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kevin J. Gilligan		Vice President Name Kevin J. Gilligan	
Street Address 82 West Shore Drive		Street Address 82 West Shore Drive	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	
Secretary Name Kevin J. Gilligan		Treasurer Name Kevin J. Gilligan	
Street Address 82 West Shore Drive		Street Address 82 West Shore Drive	
City Exeter	State RI	City Exeter	State RI
Zip 02822		Zip 02822	

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City Exeter	State RI	City	State
Zip 02822		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	

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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	No Par Value	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer Kevin J. Gilligan Date 8 18 04
Print or Type Name of Officer
Kevin J. Gilligan
President
Title of Officer

File Date _____
Check No. 134905
By [Signature]
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