



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

**FILED**

Annual Report for the year: 2019  
 Corporation

\$50

JAN 07 2019  
 BY 41053

- 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>6214</b>		2. Exact name of the Corporation <b>1ST CASTING COMPANY</b>			
3. Principal Office Address <b>64 Dyerville Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-0000</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>jewelry manufacturing</b>			
5. State of Incorporation <b>RI</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>Gerald Traficante</b>			Vice-President Name <b>Susan Traficante</b>		
Street Address <b>64 Dyerville Avenue</b>			Street Address <b>64 Dyerville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>
Secretary Name <b>Gerald Traficante</b>			Treasurer Name <b>Susan Traficante</b>		
Street Address <b>64 Dyerville Avenue</b>			Street Address <b>64 Dyerville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</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>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>10</b>		<b>Common</b>	<b>No Par</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.					
<b>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.</b>					
Name of Authorized Representative <b>Gerald Traficante</b>				Date <b>1/07/2019</b>	
Signature of Authorized Representative 					