



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

Annual Report for the year: 2019  
**Corporation**

\$50

**FILED**

JAN 07 2019

BY

4053

*[Handwritten signature]*

- 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>
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3. Principal Office Address <b>64 Dyerville Avenue</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-0000</b>
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4. NAICS Code <b>339910</b>	6. Brief description of the character of business conducted in Rhode Island <b>jewelry manufacturing</b>
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5. State of Incorporation <b>RI</b>	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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) Check the box to indicate an attachment

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 Check the box to indicate an attachment

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
	10	Common	No Par		

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 <b>Gerald Traficante</b>	Date <b>1/07/2019</b>
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Signature of Authorized Representative <i>[Handwritten Signature]</i>	PRINT DOCUMENT HERE
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