



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

Annual Report for the year: **2019**
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 146363		2. Exact name of the Corporation ADI POLISHING, INC.			
3. Principal Office Address 81 CALDER ST.			City CRANSTON	State RI	Zip 02920
4. NAICS Code 424690		6. Brief description of the character of business conducted in Rhode Island METAL POLISHING COMPANY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANGELO IZZO			Vice-President Name RAYMOND IZZO		
Street Address 43 RUSSO STREET			Street Address 95 OLD SNAKE HILL RD		
City PROVIDENCE	State RI	Zip 02904	City CHEPACHET	State RI	Zip 02814
Secretary Name RAYMOND IZZO			Treasurer Name ANGELO IZZO		
Street Address 95 OLD SNAKE HILL RD			Street Address 43 RUSSO ST.		
City CHEPACHET	State RI	Zip 02814	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANGELO IZZO			Director Name RAYMOND IZZO		
Street Address 43 RUSSO ST.			Street Address 95 OLD SNAKE HILL RD.		
City PROVIDENCE	State RI	Zip 02904	City CHEPACHET	State RI	Zip 02814
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			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 ANGELO IZZO					Date JANUARY 3, 2019
Signature of Authorized Representative <i>Angelo Izzo</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 22 2019

BY *S208 DS*

FORM 630 - Revised: 10/2017