



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. 53023		2. Name of Corporation HEALY BROTHERS CORPORATION			
3. Street Address Principal Business Office 60 NEW RIVER ROAD			City MANVILLE	State RI	Zip 02838
4. Business Phone No. 4017657600		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURER OF METAL CASTINGS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael F. Healy			Vice President Name		
Street Address 280 Chocolog Road			Street Address		
City Uxbridge	State MA	Zip 01569	City	State	Zip
Secretary Name Michael F. Healy			Treasurer Name Michael F. Healy		
Street Address 280 Chocolog Road			Street Address 280 Chocolog Road		
City Uxbridge	State MA	Zip 01569	City Uxbridge	State MA	Zip 01569
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael F. Healy			Director Name		
Street Address 280 Chocolog Road			Street Address		
City Uxbridge	State MA	Zip 01569	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			200	Common	No Par

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



5 3 0 2 3

\*53023 DBC 02/25/05 02:55:36 PM\*  
 File Date 7-1-05  
 Check No. 56001  
 By: [Signature]  
 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.

Michael Healy 6/28/05  
 Signature of Officer Date  
 Michael F. Healy  
 Print or Type Name of Officer  
 President  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>53023</b>		2. Name of Corporation <b>HEALY BROTHERS CORPORATION</b>			
3. Street Address Principal Business Office <b>60 New River Rd</b>			City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
4. Business Phone No. <b>401-765-7600</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MANUFACTURER OF METAL CASTINGS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael F. Healy</b>			Vice President Name <b>Michael F. Healy</b>		
Street Address <b>280 Chocolog Road</b>			Street Address <b>280 Chocolog Road</b>		
City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>	City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>
Secretary Name <b>Michael F. Healy</b>			Treasurer Name <b>Michael F. Healy</b>		
Street Address <b>280 Chocolog Road</b>			Street Address <b>280 Chocolog Road</b>		
City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>	City <b>Uxbridge</b>	State <b>MA</b>	Zip <b>01569</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>			<b>200</b>	<b>Common</b>	<b>NPV</b>

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



\* 5 3 0 2 3 \*

File Date 4/26/04  
Check No. 17015  
By: W.  
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.

Michael Healy 4/21/04  
Signature of Officer Date  
Michael F. Healy  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
3. Street Address Principal Business Office  
**60 New River Road**  
4. Business Phone No. **401-765-7600** 5. State of Incorporation **RHODE ISLAND**

City **Manville** State **RI** Zip **02838**  
6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturer of Metal Castings**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Michael F. Healy**  
Street Address  
**280 Chocolog Road**  
City **Uxbridge** State **MA** Zip **01569**

Vice President Name **Christopher J. Healy**  
Street Address  
**48 Benefit Street**  
City **Providence** State **RI** Zip **02904**

Secretary Name  
Street Address  
City State Zip

Treasurer Name  
Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par Value

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



\* 5 3 0 2 3 \*

File Date: 3.21.03  
Check No.: 15583  
By: [Signature]

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.  
Michael Healy 3/21/03  
Signature of Officer Date  
Michael F. Healy  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
 3. Street Address Principal Business Office **600 New River Rd., P.O. Box 4 Manville RI** City **Manville** State **RI** Zip **02838**  
 4. Business Phone No. **(401) 765-7600** 5. State of Incorporation **Rhode Island** 6. SIC Code **1883**  
 7. Brief Description of the Character of Business Conducted in Rhode Island **Manufacturer of Metal Castings**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael F. Healy</b>	Vice President Name <b>Christopher J. Healy</b>
Street Address <b>280 Chocolog Rd.</b>	Street Address <b>48 Benefit St.</b>
City State Zip <b>Uxbridge MA 01569</b>	City State Zip <b>Providence RI 02904</b>
Secretary Name <b>Michael F. Healy</b>	Treasurer Name <b>Christopher J. Healy</b>
Street Address <b>(same)</b>	Street Address <b>(same)</b>
City State Zip <b>(same)</b>	City State Zip <b>(same)</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>No Par Value</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par Value</b>

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

File Date: FILED  
 Check No.: JUL 02 2002  
 By: 34 Co. 2600  
 FOR SECRETARY OF STATE USE ONLY u

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.

Christopher J. Healy 6/17/02  
 Signature of Officer Date  
Christopher J. Healy  
 Print or Type Name of Officer  
Vice Pres, Treas.  
 Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
3. Street Address-Principal Business Office City State Zip  
**60 New River Rd., P.O. Box 4 Manville RI 02838**  
4. Business Phone No. 5. State of Incorporation 6. ~~1883~~  
**(401) 765-7600 RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturer of Metal Castings**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Micheal F. Healy</b>			Vice President Name <b>Christopher J. Healy</b>		
Street Address <b>280 Chocolog Rd.</b>			Street Address <b>48 Benefit Street</b>		
City	State	Zip	City	State	Zip
<b>Uxbridge</b>	<b>MA</b>	<b>01569</b>	<b>Providence</b>	<b>RI</b>	<b>02904</b>
Secretary Name <b>Michael F. Healy</b>			Treasurer Name <b>Christopher J. Healy</b>		
Street Address <b>(same)</b>			Street Address <b>(same)</b>		
City	State	Zip	City	State	Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COM NO PAR VAL**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No Par Value**

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



File Date: 1/10  
12068  
Check No.: 22  
By: \_\_\_\_\_  
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  
Signature of Officer: [Signature] Date: 01/02/01  
Print or Type Name of Officer: Christopher J. Healy  
Title of Officer: Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
3. Street Address Principal Business Office **60 New River Road, P.O. Box 4** City **Manville** State **RI** Zip **02838**  
4. Business Phone No. **401/765-7600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturer of Metal Castings**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael F. Healy</b> Street Address <b>280 Chocolog Road</b> City <b>Uxbridge</b> State <b>MA</b> Zip <b>01569</b> Secretary Name <b>Michael F. Healy</b> Street Address <b>(same)</b> City _____ State _____ Zip _____	Vice President Name <b>Christopher J. Healy</b> Street Address <b>48 Benefit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b> Treasurer Name <b>Christopher J. Healy</b> Street Address <b>(same)</b> City _____ State _____ Zip _____
--	---

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>600</b>	<b>COM NO PAR VAL</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 5 3 0 2 3 \*

File Date: 8-24-00  
Check No.: 3687  
By: AMF  
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.

Michael F. Healy 2/23/00  
Signature of Officer Date  
**Michael F. Healy**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
3. Street Address Principal Business Office **60 New River Road** City **Manville** State **RI** Zip **02838**  
4. Business Phone No. **401/765-7600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturer of Metal Castings**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael F. Healy</b>	Vice President Name <b>Christopher J. Healy</b>
Street Address <b>280 Chocolog Road</b>	Street Address <b>48 Benefit Street</b>
City State Zip <b>Uxbridge MA 01569</b>	City State Zip <b>Providence RI 02904</b>
Secretary Name <b>Michael F. Healy</b>	Treasurer Name <b>Christopher J. Healy</b>
Street Address <b>(same)</b>	Street Address <b>(same)</b>
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 COM NO PAR VAL</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par Value</b>

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



File Date: Feb 10 1999  
Check No.: 0295  
By: JD.

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.

Michael F. Healy 2/8/99  
Signature of Officer Date  
**Michael F. Healy**  
Print or Type Name of Officer  
**President**  
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
3. Street Address Principal Business Office **60 New River Road** City **Manville** State **RI** Zip **02838**  
4. Business Phone No. **401/765-7600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturer of Bronze Castings**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Michael F. Healy</b> Street Address <b>280 Chocolog Rd.</b> City <b>Uxbridge</b> State <b>MA</b> Zip <b>01569</b>	Vice President Name <b>Christopher J. Healy</b> Street Address <b>48 Benefit Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>Michael F. Healy</b> Street Address <b>same</b> City _____ State _____ Zip _____	Treasurer Name <b>Christopher J. Healy</b> Street Address <b>same</b> City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COM NO PAR VAL**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No Par Value**

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



File Date: 1/1/98  
Check No.: 191384  
By: KHO

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 Michael F. Healy Date 12/31/97  
Print or Type Name of Officer **Michael F. Healy**  
Title of Officer **President**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **53023** 2. Name of Corporation **HEALY BROTHERS CORPORATION**  
3. Street Address Principal Business Office **60 New River Rd.** City **Manville** State **RI** Zip **02838**  
4. Business Phone No. **(401)765-7600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturer of Bronze Castings**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Michael F. Healy</b>	Vice President Name <b>Christopher J. Healy</b>
Street Address <b>280 Chocolog Rd</b>	Street Address <b>48 Benefit St.</b>
City <b>Uxbridge</b> State <b>MA</b> Zip <b>01569</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02838</b>
Secretary Name <b>Michael F. Healy</b>	Treasurer Name <b>Christopher J. Healy</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>same</b> State <b>MA</b> Zip <b>01569</b>	City <b>same</b> State <b>RI</b> Zip <b>02838</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 COM NO PAR VAL</b>			<b>200</b>	<b>Common</b>	<b>No Par Value</b>

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



File Date: 1/16/97  
Check No.: 2593  
By: GAA

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: Michael F. Healy Date: 12/23/96  
Print or Type Name of Officer: Michael F. Healy  
Title of Officer: President

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 53023  
2. NAME OF CORPORATION HEALY BROTHERS CORPORATION  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE  
60 New River Rd  
CITY Manville STATE RI ZIP CODE 02838  
4. BUSINESS PHONE NO. (401) 765-7600  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Bronze Castings

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME			VICE PRESIDENT NAME		
Christopher J. Healy			Michael F. Healy		
STREET ADDRESS			STREET ADDRESS		
48 Benefit Street			280 Chocolog Rd.		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02860	Uxbridge	MA	01569
SECRETARY NAME			TREASURER NAME		
Christopher Healy			Michael F. HEaly		
STREET ADDRESS			STREET ADDRESS		
48 Benefit Street			280 Chocolog Rd.		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Providence	RI	02860	Uxbridge	MA	01569

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	COM NO PAR VAL		200	Common	None

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.

*Michael F. Healy*  
Signature of Officer

Michael F. Healy  
Print or Type Name of Officer

Vice President 2/6/96  
Title of Officer Date

File Date: 2/6/96  
Check No: 2135  
By: MCP

For Secretary of State Use Only



**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0053023

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

**HEALY BROTHERS CORPORATION**

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode-island  
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Bronze Castings

60 New River Rd.  
Manville, RI 02838

Phone: ( ) \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Michael F. Healy 280 Chocolog Rd.</u>	<u>Uxbridge, MA</u>	<u>01569</u>
VICE PRESIDENT	<u>Christopher Healy 48 Benefit St.</u>	<u>Providence, RI</u>	
SECRETARY	<u>Michael F. HEaly 280 Chocolog Rd.</u>	<u>Uxbridge, MA</u>	<u>01569</u>
TREASURER	<u>Christopher Healy 48 Benefit St.</u>	<u>Providence, RI</u>	<u>02904</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>600</u> Class / Series <u>Common</u>  <u>No Par Value</u>	Number of Shares <u>200</u> Class / Series <u>Common</u>  <u>No Par Value</u>

Date March 1, 19 95

By: Michael F Healy

PRINT OR TYPE NAME OF OFFICER SIGNING Michael F. Healy  
TITLE OF OFFICER SIGNING President

Form 31 1-95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

BRUCE A. WOLPERT, ESQ.  
500 TURKS HEAD BUILDING  
P.O. BOX 1116  
PROVIDENCE RI 02901

*CK # 1642*

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0053023 Annual Report for the year 1994

Name of Business Entity HEALY BROTHERS CORPORATION

Business entity organized under the laws of the State of RHODE ISLAND

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

18 NEW RIVER RD.  
MANVILLE, RI 02838

Phone (401) 765-7600

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

MICHAEL HEALY - PRESIDENT  
18 NEW RIVER RD.  
MANVILLE, RI 02838

Brief statement of the character of business conducted in Rhode Island:

FOUNDRY & RELATED FIELDS

Date of Organization 1/1/89

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
MICHAEL HEALY	280 CHOCOLOG RD	UXBRIDGE, MA	01569
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
CHRISTOPHER HEALY	276 BENEFIT ST APT #5	PROVIDENCE, RI	02903
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
MICHAEL HEALY	280 CHOCOLOG RD,	UXBRIDGE, MA	01569
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			
CHRISTOPHER HEALY	276 BENEFIT ST.	PROVIDENCE, RI	02903

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable):

NUMBER 600

CLASS COMMON

SERIES

PAR VALUE OR NO PAR VALUE  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 200

CLASS COMMON

SERIES

PAR VALUE OR NO PAR VALUE  
WITHOUT PAR

Date FEBRUARY 28, 19 94

By: Christopher Healy

CHRISTOPHER HEALY  
PRINT OR TYPE NAME OF OFFICER SIGNING

VICE PRESIDENT  
TITLE OF OFFICER SIGNING

Form 1-94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ERICE A. WOLPERT, ESQ.  
P. O. BOX 1110, 500 TURKS HEAD BLDG.  
PROVIDENCE RI 02901

*MAILED  
JAN 11 1994*

Annual report for the year

HEALY BROTHERS CORPORATION

Rhode Island

Foundry and related fields

18 New River Road Lincoln RI

Island

(Attach rider if necessary)

its directors and officers:

Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

280 Chocolog Rd Uxbridge MA

45 Alfred Stone Pawtucket, RI

280 Chocolog Rd Uxbridge MA

45 Alfred stone Pawtucket RI

Authorized:

Par Value or statement that shares are without par value no par value

Series

AM 2A-29  
531

d:

Par Value or statement that shares are without par value

Series

REC'D & FILED FEB 1 1966

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

SV 40  
72507

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00E3022 Annual Report for the year 1992

FIRST: The name of the corporation is HEALY BROTHERS CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is foundry and related fields.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 18 New River Road, Lincoln, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Christopher Healy	President	100 Angell Street, Providence, RI
Michael Healy	Vice President	280 Chocolog Road, Uxbridge, MA
Michael Healy	Secretary	280 Chocolog Road, Uxbridge, MA
Bruce A. Wolpert	Ass't Secretary	500 Turks Head Building, Providence, RI
Christopher Healy	Treasurer	100 Angell Street, Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	PAID	no par value

JAN 30 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	SEC'Y OF STATE	no par value

Dated 1-24 19 92

HEALY BROTHERS CORPORATION  
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

55

Corporate ID 0053029 Annual Report for the year 1991

FIRST: The name of the corporation is HEALY BROTHERS CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is foundry and related fields

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 18 New River Road, Lincoln, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Christopher Healy	President	100 Angell Street, Providence, RI
Michael Healy	Vice President	280 Chocolog Road, Uxbridge, MA
Michael Healy	Secretary	280 Chocolog Road, Uxbridge, MA
Bruce A. Wolpert	Ass't Secretary	500 Turks Head Building, Providence, RI
Christopher Healy	Treasurer	100 Angell Street, Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

PAID  
FEB 11 1991  
TREASURY

Dated February 19 91

HEALY BROTHERS CORPORATION

(Name of Corporation)

By Christopher Healy  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053029 Annual Report for the year 1990

FIRST: The name of the corporation is HEALY BROTHERS CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is foundry and related fields

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 18 New River Rd., Lincoln, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Michael Healy	President	280 Chocolog Road, Uxbridge, MA
Christopher Healy	Vice President	100 Angell Street, Providence, RI 02906
Michael Healy	Secretary	280 Chocolog Road, Uxbridge, MA
Bruce A. Wolpert	Ass't Secretary	60 Eddy Street, Providence, RI
Christopher Healy	Treasurer	100 Angell Street, Providnece, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

FEB 14 1990

Series OF STAMPS

Dated February 19 90

HEALY BROTHERS CORPORATION

(Name of Corporation)

By Michael A. Healy

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053023 Annual Report for the year 1989

FIRST: The name of the corporation is HEALY BROTHERS CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general manufacturing

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 18 New River Road, Lincoln, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Michael Healy	President	34 Briarwood Road, Lincoln, RI 02865
Christopher Healy	Vice President	100 Angell St., Providence, RI
Michael Healy	Secretary	34 Briarwood Road, Lincoln, RI 02865
Bruce A. Wolpert	Ass't Secretary	60 Eddy St., Providence, RI
Christopher Healy	Treasurer	100 Angell St., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

Dated March 21 19 89

HEALY BROTHERS CORPORATION

(Name of Corporation)

By Michael A. Healy

Title President

(Report must be signed by an officer)