



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

*Edward S. Inman, III, Secretary of State*

October 8, 2002

Healy Brothers Corporation  
60 New River Road  
Manville, RI 02838

Re: **ID 53023**  
HEALY BROTHERS CORPORATION

Dear Sir or Madam:

Our records indicate that a double payment was accepted and deposited from the above-referenced corporation for the filing of the 2002 Annual Report.

As a result, the corporation is entitled to a refund. Enclosed is an instruction sheet that outlines the procedure to obtain a refund. Also enclosed is the latter of the two annual reports filed, this being the report for which payment is to be refunded and a copy of the annual report that we have retained for record.

If you have any questions regarding the procedure or if we can be of assistance, please contact the undersigned at (401) 222-3040.

Very truly yours,

CORPORATIONS DIVISION

Maureen E. Ewing  
Assistant to the Director

Enc.

100 North Main Street  
Providence  
Rhode Island  
02903 1355

Corporations/UCC  
401-222-3040  
Fax: 401-222-1309

Elections:  
401-222-2340  
Fax: 401-222-1444

First Stop Business  
Information Center  
401-222-2185  
Fax: 401-222-3890

Notary/Trademarks:  
401-222-1487  
Fax: 401-222-3879

[www.state.ri.us](http://www.state.ri.us)



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## PROCEDURE TO OBTAIN A REFUND

The following documentation is necessary when requesting a refund:

1. A short letter stating the reason for requesting a refund.
2. A copy of the front and back of the canceled check or checks.
3. A copy of the document filed in connection with said refund.
4. Your Federal Identification Number or Social Security Number.

Please forward the above documentation to:

Barry Chipman, Bookkeeper  
Secretary of State's Office  
100 North Main Street, 2<sup>nd</sup> Floor  
Providence, RI 02903

100 North Main Street  
Providence  
Rhode Island  
02903-1355

Corporations/UCC:  
401-222-3040  
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Fax: 401-222-3890

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Fax: 401-222-3879

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Refund  
Revised 1/23/01



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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 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

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

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

Number of Shares	Class/Series	Par Value
<u>600 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>200</u>	<u>Common</u>	<u>NPV</u>

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: 9-23-02  
14345  
Check No.: 2  
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

Michael Healy Sept. 19, 2002  
Signature of Officer Date  
Michael F. Healy

Print or Type Name of Officer  
President/Secretary  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office **53023**

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3640



# 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. <b>53023</b>		2. Name of Corporation <b>HEALY BROTHERS CORPORATION</b>		City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>
3. Street Address Principal Business Office <b>600 New River Rd., P.O. Box 4</b>			6. SIC Code <b>1883</b>			
4. Business Phone No. <b>(401) 765-7600</b>		5. State of Incorporation <b>Rhode Island</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) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>						
President Name <b>Michael F. Healy</b>		Vice President Name <b>Christopher J. Healy</b>				
Street Address <b>280 Chacalog 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>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 <b></b>	State <b></b>	Zip <b></b>	City <b></b>	State <b></b>	Zip <b></b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>						
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)						
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	
<b>600</b>	<b>Common</b>	<b>No Par Value</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:

**FILED**

Check No.:

**JUL 02 2002**

By:

**By CA 2600**

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

Date

**Christopher J. Healy**

Print or Type Name of Officer

**Vice Pres, Treas**

Title of Officer

Form 630 12/