

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<br>FORM MUST BE TYPED I   |                     | Filing Fee: \$50.00         |  |  |                           |  |
|--|---------------------|-----------------------------|--|--|---------------------------|--|
| I. Corporate ID No.                              | 2. Name of Corpo    | pration                     | <del></del>                                    |  |                           |  |
| 113941   | Galvanique          |                             |  |  |                           |  |
| 3. Street Address Principal B 93 PRUDENCE AVE    | usiness Office      |                             | City<br>PROVIDENCE                             | State<br>RI  | Zip<br>02909-             |  |
| 4. Business Phone No.                            |                     | 5. State of Incorporat      |  | 1  | 6. SIC Code               |  |
| 4.019446657 RHODE ISLAN                          |                     |                             |  | i, sic code  |                           |  |
| 7. Brief Description of the Commetal Finishing P |                     |                             |  |  |                           |  |
| -8NAMES AND ADDR<br>President Name               | ESSES OF THE OF     | FICERS_( <u>"X"</u> BOX FOR | ATTACHMENT) _ FILL IN S<br>Vice President Name |  | ITACHMENTS                |  |
| Alexandr Belykh                                  |                     | · Vasyl Ulitskyy            | 7  |  |                           |  |
| Street Address                                   |                     | Street Address              |  |  |                           |  |
| 14 Mason Avenue                                  |                     |                             | · 14 Mason Avenu                               | ie   |                           |  |
| City   | State               | Zip                         | City   | State  | Zip                       |  |
| Cranston   | RI                  | 02910                       | Cranston                                       | RI   | 02910                     |  |
| Secretary Name                                   |                     |                             | Treasurer Name Alexandr Belyk                  | h  | •                         |  |
| Alexandr Belykh                                  |                     | ····                        |  | .11  |                           |  |
| Street Address                                   |                     |                             | Street Address                                 |  |                           |  |
| 14 Mason Avenue                                  |                     | 17                          | .14 Mason Avenu                                |  | 12:                       |  |
| City   | [State<br>  RI      | <i>Zip</i><br>02910         | *City<br>.Cranston                             | State<br>RI  | <i>Zip</i><br>02910       |  |
| Cranston   | j                   |                             |  |  |                           |  |
| 9. NAMES AND ADDR<br>Director Name               | ESSES OF THE DII    | RECTORS ("X" BOX FO         | RATTACHMENT)   FILL IN<br>Director Name        | SPACES BEFORE USING  | ATTACHMENTS               |  |
| 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 AUTHOR                                | IZED ("X" BOX FO    | RATTACHMENT) []             | 11. SHARES ISSUED (*                           | "X" BOX FOR ATTACHMEN  |                           |  |
| AUTHORIZED SHARES                                |                     |                             | ISSUED SHARES                                  | The second secon |                           |  |
| Number of Shares                                 | Class/Series        | Par Value                   | Number of Shares                               | Class/Series   | Par Value                 |  |
| 2,000 COMM NO PA                                 | R VALUE             |                             | 100  | Common   | No Par Value              |  |
| C  |                     |                             | ]<br>1   |  |                           |  |
| This report must be sig                          | zned in ink by eitl | her the President, Vice     | President, Secretary, Ass                      | sistant Secretary, Treas   | urer, Receiver or Trustee |  |
|  |                     |                             | 11.1   |  |                           |  |
| 1 1  |                     |                             | this report, including                         | erjury, I declare and affirm<br>ng any accompanying sche<br>ents contain; herein are tr  | dules and statements,     |  |
| File Dale 2111                                   | 25                  |                             | Myon   | de Bu  | 02/08/05                  |  |
| Check No. 789                                    |                     |                             | Sighature of Officer Date / Alexandr Belykh    |  |                           |  |
| $B_{V}$ $\mathcal{V}$ .                          |                     |                             | Print or Type Name of President                |  |                           |  |
| FOR SECRETARY OF STATE USE ONLY                  |                     |                             | Title of Officer                               |  | Form 630 12/01            |  |
|  |                     | i i                         | ······ of officer                              |  | 1 01111 020 12/01         |  |



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 2004

Filing Period: January 1 - March 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 113941 Galvanique, Inc. 3. Street Address Principal Business Office State Zip 93 PRUDENCE AVENUE PROVIDENCE RI 02909-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019446657 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island METAL FINISHING PRODUCT DEVELOPMENT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Alexandr Belykh-Alyona-Belykh Street Address Street Address 14 Mason Avenue 14 Mason Avenue City State Ζφ State Zip Cranston RI 02910 Cranston RI 02910 Secretary Name Treasurer Name Alexandr Belykh Alexandr Belykh Street Address Street Address 14 Mason Avenue 14 Mason Avenue City State Zip City State Cranston RI 02910 Cranston RI 02910 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 City Zip Director Name Director Name Street Address Street Address State City Ctty State Ζip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATLACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 COMM NO PAR VALUE 100 Common No Par Value 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. \*113941 DBG-92/02/04-98:30:50 AM\*; Alexandr Belykh Print or Type Name of Officer President FOR SECRETARY OF STATE USE, ONLY Title of Officer Form 630 12/01



# 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

Form 630 12/01

PROFIT CORPORATION ANNIIAL REPORT FOR THE VEAD 2003

| I. Corporate ID No. *113941*                              | LACK) 2. Name of Corporation Galvanique, Inc. |                           | ,  |   |                               |
|---|---|---------------------------|--|---|-------------------------------|
| 3. Street Address Principal Busine 93 PRUDENCE AVENUE     | ess Office                                    |                           | PROVIDENCE   | State<br>RI   | Zip                           |
| 4. Business Phone No.                                     |   | 5. State of Incorporation | PROVIDENCE   | KI  | 02909-                        |
| 4019446657  |   | RHODE ISLAND              |  |   | 6. SIC Code                   |
| 7. Brief Description of the Chara<br>METAL PINISHING PROD | cter of Business Conducte DUCT DEVELOPMENT    | _                         |  | همي وميات بده د ده  | -                             |
| 8. NAMES AND ADDRESS                                      | ES OF THE OFFICE                              | RS ("X" BOX FOR ATTA      | CHMENT)  | BEFORE USING ATTAC  | HMENTS                        |
| President Name  |   |                           | Vice President Name  |   |                               |
| Alexandr Belykh   |   | ,                         | Alyona Belykh  |   | 1                             |
| Street Address  |   |                           | Street Address   |   |                               |
| 86 Eighth Street  |   |                           | 86 Eighth Street   | ورديسهومور د دودره در احالات ادال ال  | pg , s m manage               |
| City  | State   | Zip                       | City   | State   | Zip                           |
| Providence  | ŔI  | 02906                     | Providence   | RI  | 02906                         |
| Secretary Name  |   |                           | Treasurer Name   |   |                               |
| Alexandr Belykh   |   | -                         | Alexandr Belykh  |   |                               |
| Street Address  |   |                           | Street Address   |   |                               |
| 86 Eighth Street  |   |                           | 86 Eighth Street .   |   |                               |
| City  | State   | Zip                       | City   | State   | Zip                           |
| Providence  | RI  | 02906                     | Providence   | RI  | 02906                         |
| 9. NAMES AND ADDRESS Director Name                        | ES OF THE DIRECT                              | ORS ("X" BOX FOR AT       | TACHMENT)   FILL IN SPACE Director Name  | S BEFORE USING ATTA   | ACHMENTS                      |
| Street Address  |   | ,                         | Street Address   |   |                               |
| City  | State   | Zip                       | City   | State   | Zip                           |
| Director Name   |   |                           | Director Name  |   | * / * * * * * * *             |
| Street Address  |   |                           | Street Address   |   | n when                        |
| City  | State   | Zip                       | City   | State   | Zip                           |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES                    | D ("X" BOX FOR ATTA                           | ACHMENT)                  | 11. SHARES ISSUED ("X" BOX<br>ISSUED SHARES  | FOR ATTACHMENT)   |                               |
| Number of Shares  | Class/Series                                  | Par Value                 | Number of Shares   | Class/Series  | Par Value                     |
|   | ALUE  |                           | 100  | Common  | No Par Value                  |
| 2,000 COMM NO PAR V                                       |   |                           |  |   |                               |
| 2,000 COMM NO PAR V<br>-<br>This report must be signed    |   | e President, Vice Pre     | sident, Secretary, Assistant S   | Secretary, Treasurer,   | Receiver or Trustee           |
| •   |   | e President, Vice Pre     | sident, Secretary, Assistant S   | Secretary, Treasurer,   | Receiver or Trustee           |
| -   |   | e President, Vice Pre     | Under penalty of perjury, I  | declare and affirm that I   | have examined                 |
| This report must be signed  * 1 1                         | d in ink by either th                         | e President, Vice Pre     |  | declare and affirm that I   | have examined and statements, |
| **113941* 2/4/0310:51:                                    | d in ink by either th                         | e President, Vice Pre     | Under penalty of perjury, I<br>this report, including any a  | declare and affirm that I   | have examined and statements, |
| This report must be signed  * 1 1                         | d in ink by either th                         | e President, Vice Pre     | Under penalty of perjury, I this report, including any act and that allystatements cont Signature of Officer | declare and affirm that I companying schedules ained herein are true and Date | have examined and statements, |
| **113941* 2/4/0310:51:                                    | d in ink by either th                         | e President, Vice Pre     | Under penalty of perjury, I this report, including any are and that allystatements cont                      | declare and affirm that I companying schedules ained herein are true and Date | have examined and statements, |

Title of Officer



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 BLA                                | CK)                   |                             |   |                   |                      |
|---|-----------------------|-----------------------------|---|-------------------|----------------------|
| 1. Corporate ID No.                                       | 2. Name of Corpo      | ration                      | s i - · · · · · · · · · · · · · · · · · ·   | -                 |                      |
| 113941<br>3. Street Address Principal Business            |                       | ique, Inc.                  | City  | State             | Zip                  |
| 93 Prudence Aven 4. Business Phone No.                    | ue                    | . 5. State of Incorporation | Providence                                  | RI                | 02909<br>6. SIC Code |
| 401-944-6657 7. Brief Description of the Character        | of Business Conducted | RHODE ISL                   | AND   |                   | 0                    |
| Metal finishing<br>8. NAMES AND ADDRESS<br>President Name | -                     | -                           | CHMENT) FILL IN SPACES  Vice President Name | BEFORE USING ATT  | ACHMENTS             |
| Alexandr Belykh Street Address                            |                       |                             | None<br>Street Address                      |                   |                      |
| 93 Larch Street   |                       |                             |   |                   |                      |
| City  | State                 | Zip                         | City  | State             | Zip                  |
| Providence  | RI                    | 02906-2617                  | •   |                   |                      |
| Secretary Name  |                       | •                           | Treasurer Name                              | •                 | f +5+15 € →          |
| Alexandr Belykh Street Address                            |                       |                             | Alexandr Belyk                              |                   |                      |
| 93 Larch Street   |                       |                             | 93 Larch Stree                              |                   |                      |
| City  | State                 | Zip                         | Clly  | State             | Zip                  |
| Providence  | RI                    | 02906-2617                  | Providence                                  | RI                | 02906-2617           |
| 9. NAMES AND ADDRESS Director Name                        | SES OF THE DIF        | RECTORS (*X* BOX FOR ATT    | ACHMENT) FILL IN SPACE Director Name        | CS BEFORE USING A | ITACHMENTS           |
| Street Address  |                       |                             | Street Address                              |                   |                      |
| City  | State                 | Zip                         | City  | State             | Zip                  |

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 Number of Shares Par Value

Class/Series Par Value

No Par Value 2,000 COMM NO PAR VALUE 100 Common

Director Name

Street Address

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

| FILED                           |  |
|---------------------------------|--|
| File Date:                      |  |
| . MAR 0 4 2002                  |  |
| Check No.: By Tr. 182           |  |
| Dy 11/410                       |  |
| Ву: СС                          |  |
| FOR SECRETARY OF STATE USE ONLY |  |

Director Name

Street Address

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.

Alexandr Belykh

Print or Type Name of Officer **President** 



Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

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|--------|----------|--------|-----------|--|
| LLOKW. | MUSI BE  | III'LU | IN BLACK! |  |

1. Corporate ID No. 113941 2. Name of Corporation
Galvanique, Inc.

3. Street Address Principal Business Office 93 Prudence Avenue City Providence state RI

2102909

4. Business Phone No.

(401) 944 6657

5. State of Incorporation RHODE ISLAND

5. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

| 8. NAMES AND ADDRESS                           | SES OF THE OFFICE | ERS ("X" BOX FOR ATTACH                   | <del> </del>                               | FORE USING ATTACH | MENTS  |  |
|--|-------------------|---|--|-------------------|--|--|
| President Name                                 |                   |   | Vice President Name                        |                   |  |  |
| Alexandr Belykh Street Address                 |                   |   | None Street Address                        |                   |  |  |
| 182 Rochambeau Si                              | treet             |   |  |                   |  |  |
| City   | State             | Zip                                       | City                                       | State             | Zip  |  |
| Providence                                     | RI                | 02906                                     |  |                   | •  |  |
| Secretary Name                                 |                   |   | Treasurer Name                             | . 400. P. I       | P - 1 - 110  |  |
| Alexandr Belykh                                |                   |   | Alexandr Belykh                            |                   |  |  |
| Street Address                                 |                   |   | Street Address                             |                   |  |  |
| 182 Rochambeau Av                              | zenue -           |   | 182 Rochambeau Av                          | zenue             |  |  |
| City   | State             | Zip                                       | City                                       | State             | Zip  |  |
| Providence                                     | RI                | 02906                                     | Providence                                 | RI                | 02906  |  |
| 9. NAMES AND ADDRESS Director Name             | DES OF THE DIREC. | TORS ("X" BOX FOR ATTA                    | CHMENT) FILL IN SPACES B  Director Name    | EFORE USING ATTAC | HMENIS   |  |
| Street Address                                 |                   |   | Street Address                             | -                 |  |  |
| City   | State             | Zip                                       | City                                       | State             | , Zip  |  |
| Director Name                                  | . 0               | \$ 10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 | Director Name                              |                   | AND ALCOHOLOGICAL TO A CONTRACT OF THE STATE |  |
| 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                           | Glass/Series      | Par Value  |  |
| 2,000 COMM NO PA                               | R VALUE           |   |  |                   |  |  |
|  |                   |   | 100  | Common            | No Par Value   |  |
|  |                   |   |  |                   |  |  |

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



FILED

MAR 2.2 2001

By (Cla)

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 all true and correct.

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ghature of Offices

Alexandr Belykh

Print or Type Name of Officer

President

Title of Officer

C--- 620 12.000