RI SOS Filing Number: 202033157430 Date: 1/23/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

J	AN 23 2020	- 0
BY	[803	_0>

1. Entity ID Number 15657		ne of the Corporation g Foundry, In				_				
3 Principal Office Address	l.		City		State	Zip				
92 Allendale Avenue			Johnston		RI	02919				
4. NAICS Code	6 Brief desc	ription of the charac	cter of business of	conducted in Rhode I	sland					
331529	Manufactui	ring Bronze Castir	ngs							
5. State of Incorporation		-								
Rhode Island										
7. List ALL officers (names a	nd addresses)				the box to i	ndicate an attachment 🔲				
President Name Paul K. Cava	K. Cavanagh			Vice-President Name Vacant						
Street Address 251 Log Road			Street Address	s						
City Esmond	State RI	^{Zip} 02917	City		State	Zıp				
Secretary Name Maxine A. Ca		agh Treasurer Name Maxine A. Cavanagh								
Street Address 251 Log Road			Street Address 251 Log Road							
City Esmond	State RI	^{Zıp} 02917	City Esmond		State RI					
8. List ALL directors (names	and addresses)					ndicate an attachment				
Director Name Paul K. Cavar	nagh		Director Name	Maxine A. Cavana	gh					
Street Address 251 Log Road	eet Address 251 Log Road			Street Address 251 Log Road						
City Esmond	State RI	^{Zıp} 02917	City Esmond	d	State RI	^{Zip} 02917				
Director Name		•	Director Name	9						
Street Address	ress			Street Address			Street Address			
City	State	Žip	City		State	Zip				
9. Shares Authorized		10. Shares Is				ndicate an attachment 🔲				
This information is currently of Department of State.	of record in the		OF SHARES			PAR VALUE				
•		100		Common		No Par Value				
Changes require an additiona	l filing.									
11. This report must be exectively the trustee, this report must be executed the second must be executed the secon					oration is in	the hands of a receiver or				
Under penalty of perjury, I	declare and affirm	that I have exami	ned this report,	including any acco	mpanying s	chedules and				
statements, and that all sta Name of Authorized Represe	at all statements contained herein are true and correct. Representative Date									
Paul K. Cavanagh, Preside										
Signature of Authorized Rep										
olghature of Authorized Rep	resentative	11 - 4 -	(produced)							

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov