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

FILED STAMP
FEB 01 2021
BY 153623 DS

ANNUAL REPORT FOR THE YEAR 2021

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. Corporate ID No.	2. Name of Corporation		
000052762	Metallurgical Solutions, Inc.		
3. Street Address Principal Business Office	City	State	Zip
85 Aldrich Street	Providence	RI	02905
5. NAICS Code: 331117	5. State of Incorporation: Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
general metallurgy and related fields

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
John J. O'Meara	Gregory W. Dexter
Street Address: 85 Aldrich Street	Street Address: 85 Aldrich Street
City: Providence; State: RI; Zip: 02905	City: Providence; State: RI; Zip: 02905
Secretary Name	Treasurer Name
Street Address	Street Address
City; State; Zip	City; State; Zip

8. 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

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0		0

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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.

John J. O'Meara — *Signature*

1-19-21 — *Date*

John J. O'Meara
Print or Type Name

President
Title

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040