RI SOS Filing Number: 202195877580 Date: 4/21/2021 8:36:00 AM

State of Rhode Island
Department of State - Business Services Division

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 APR 21 A 8:33

1. Entity ID Number	2. Exact name of the Corporation
6214	1ST CASTING COMPANY

3. Principal Office Address	City	State	Zip
64 Dyerville Avenue	Johnston	RI	02919-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339910	jewelry manufacturing
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Gerald Traficante	64 Dyerville Avenue	Johnston	RI	02919-

Vice-President Name	Street Address	City	State	Zip
Susan Traficante	64 Dyerville Avenue	Johnston	RI	02919-

Secretary Name	Street Address	City	State	Zip
Gerald Traficante	64 Dyerville Avenue	Johnston	RI	02919-

Treasurer Name	Street Address	City	State	Zip
Susan Traficante	64 Dyerville Avenue	Johnston	RI	02919-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
none	none	none	none	none
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none
none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
	10	Common	No Par

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.

Name of Authorized Representative		Date
Gerald Traficante	President	4/13/2021

Signature of Authorized Representative

FILED
APR 21 2021
BY [illegible]
A.A. 8:36AM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020