



State of Rhode Island
Department of State - Business Services Division

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.

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2021 APR -8 PM 4:03

1. Entity ID Number 6214		2. Exact name of the Corporation 1ST CASTING COMPANY			
3. Principal Office Address 64 Dyerville Avenue			City Johnston	State RI	Zip 02919-0000
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island jewelry manufacturing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gerald Traficante			Vice-President Name Susan Traficante		
Street Address 64 Dyerville Avenue			Street Address 64 Dyerville Avenue		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Secretary Name Gerald Traficante			Treasurer Name Susan Traficante		
Street Address 64 Dyerville Avenue			Street Address 64 Dyerville Avenue		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
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 Gerald Traficante President					Date 4-2-21
Signature of Authorized Representative 					

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 FORM 630 - Revised: 08/2020