



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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1. Entity ID Number <b>6214</b>		2. Exact name of the Corporation <b>1ST CASTING COMPANY</b>			
3. Principal Office Address <b>64 Dyerville Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-0000</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>jewelry manufacturing</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gerald Traficante</b>			Vice-President Name <b>Susan Traficante</b>		
Street Address <b>64 Dyerville Avenue</b>			Street Address <b>64 Dyerville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>
Secretary Name <b>Gerald Traficante</b>			Treasurer Name <b>Susan Traficante</b>		
Street Address <b>64 Dyerville Avenue</b>			Street Address <b>64 Dyerville Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS-SERIES		
			PAR VALUE		
			<b>10</b>		
			<b>Common</b>		
			<b>No Par</b>		
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. <b>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.</b>					
Name of Authorized Representative <b>Gerald Traficante</b> <span style="float:right">President</span>					Date <b>4-2-21</b>
Signature of Authorized Representative 					

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

**FILED**  
APR 21 2021  
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