



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 06 2023

29605 *72:11P*

1. Entity ID Number <b>31885</b>		2. Exact name of the Corporation <b>Providence Casting, Inc.</b>			
3. Principal Office Address 3 Warren Avenue			City North Providence	State RI	Zip 02911
4. NAICS Code 331492		6. Brief description of the character of business conducted in Rhode Island Jewelry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Anthony Bizzacco			Vice-President Name Robert Bizzacco		
Street Address 22 Lafazia Drive			Street Address 222 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name David Bizzacco			Treasurer Name David Bizzacco		
Street Address 17 Summerfield Drive			Street Address 17 Summerfield Drive		
City Uxbridge	State MA	Zip 01569	City Uxbridge	State MA	Zip 01569
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Anthony Bizzacco			Director Name Robert Bizzacco		
Street Address 22 Lafazia Drive			Street Address 222 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name David Bizzacco			Director Name		
Street Address 17 Summerfield Drive			Street Address		
City Uxbridge	State MA	Zip 01569	City	State	Zip
9. Shares Authorized <span style="float:right">10. Shares Issued <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
		60	Common	None	
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 Anthony Bizzacco, President					Date 1/27/23
Signature of Authorized Representative 					

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