RI SOS Filing Number: 202336576910 Date: 6/2/2023 4:00:00 PM

State of Rhode Island							
Department of St	ate - Busine	ess Services [	Division				
Annual Report for the ye				STALLP			
Corporation  → Filing period: February 1 - May 1			_	RECEIVED			
			R.I. DEPT. OF STATE				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	foo if form is no	flad by May 21			1370		
				2023_11	N - 2 F	<del>3: 3c</del>	
1. Entity ID Number 1706020		2. Exact name of the Corporation  LMG Casting of Rhode Island Inc.					
3. Principal Office Address	TLIVIO Ca				Istata	17:-	
33 Shippee Schoolhouse Road			Foster		State	Zip 02825	
4. NAICS Code		ntion of the charact	ì	anducted in Rhode Is		02023	
448310		6. Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation		Jewelry casting and any other lawful business.					
Rhode Island							
7. List ALL officers (names and ad	ddresses)			Check t	he box to in	ndicate an attachment	
President Name Lisa K. Goozey			Vice-President Name Lisa K. Goozey				
Street Address 33 Shippee Schoolhouse Road			Street Address 33 Shippee Schoolhouse Road				
<sup>City</sup> Foster	State RI	<sup>Zip</sup> 02825	City Foster State F			<sup>Zip</sup> 02825	
Secretary Name Lisa K. Gooze	<del>_</del> ∋y			Treasurer Name Lisa K. Goozey			
Street Address 33 Shippee Schoolhouse Road			Street Address 33 Shippee Schoolhouse Road				
City Foster	State RI	<sup>Zip</sup> 02825	<sup>City</sup> Foster		State RI	<sup>Zip</sup> 02825	
8. List ALL directors (names and addresses)					he box to ir	ndicate an attachment	
Director Name Lisa K. Gooze	y		Director Name				
Street Address 33 Shippee Schoolhouse Road			Street Address				
<sup>City</sup> Foster	State RI	<sup>Zip</sup> 02825	City	City		Zip	
Director Name	<u></u>		Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu	<u>l</u> ied	Check to	L he box to in		
This information is currently of rec Department of State.	This information is currently of record in the		OF SHARES CLASS/SE		RIES PAR VALUE		
Changes require an additional filing.		100		Common		No Par Value	
<ol> <li>This report must be executed trustee, this report must be execu</li> </ol>	on behalf of the o	corporation by an all he corporation by t	uthorized represented for the control of the contro	entative. If the corpor	ation is in t	he hands of a receiver or	
Under penalty of perjury, I declar	are and affirm th	at i have examine	d this report, in	cluding any accomp	oanying so	hedules and	
statements, and that all statements. Name of Authorized Representati	<u>ents contained l</u> ve	nerein are true and	d correct.		Date /	•	
Lisa K. Gozey					5/	79/12	
Signature of Authorized Represen	fative		Fit	<del>.ED</del>	- 1	10 3	
WING W	XXX		JUN (	2 2023	: 1 (		
MAIL To: Division of Business Services 148 W. River Street Providence, Rhod	le Island 02004 26	15	BY_M	11780	14		

FORM 630 - Revised: 11/2021

Phone: (401) 222-3040

Website: www.sos.ri,gov