



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 JUN -2 P 3:35

1. Entity ID Number 1706020		2. Exact name of the Corporation LMG Casting of Rhode Island Inc.			
3. Principal Office Address 33 Shippee Schoolhouse Road			City Foster	State RI	Zip 02825
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Jewelry casting and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisa K. Goozey			Vice-President Name Lisa K. Goozey		
Street Address 33 Shippee Schoolhouse Road			Street Address 33 Shippee Schoolhouse Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Lisa K. Goozey			Treasurer Name Lisa K. Goozey		
Street Address 33 Shippee Schoolhouse Road			Street Address 33 Shippee Schoolhouse Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lisa K. Goozey			Director Name		
Street Address 33 Shippee Schoolhouse Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Lisa K. Goozey					Date 5/29/23
Signature of Authorized Representative 					

FILED

JUN 02 2023

BY ML 7894