



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|--|--------------|--|--------------------|---------------------|
| 1. Corporate ID No. 6528 | | 2. Name of Corporation Fleet Precious Metals Inc. | | |
| 3. Street Address Principal Business Office 111 Westminster St | | City Providence | State RI | Zip 02903 |
| 4. Business Phone No. 401-278-5560 | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING & SELLING COIN AND BULLION; PROVIDING LOANS TO JEWELRY INDUSTRY | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Samuel S. Philbrick | | Vice President Name Susan D. Mays | | |
| Street Address NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255 | | Street Address NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255 | | |
| City State Zip | | City State Zip | | |
| Secretary Name Becky Francis | | Treasurer Name J. Chandler Martin | | |
| Street Address | | Street Address | | |
| City State Zip | | City State Zip | | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name John D. Behan | | Director Name Samuel S. Philbrick | | |
| Street Address | | Street Address | | |
| City State Zip | | City State Zip | | |
| Director Name Joyce White | | Director Name | | |
| Street Address | | Street Address | | |
| City State Zip | | City State Zip | | |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 4,000 NO PAR VALUE | | | 120 | Common |
| | | | | |

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.



6528

File Date 2/6/06
Check No. 0006960936
By: lc

FOR SECRETARY OF STATE USE ONLY

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.

Signature Susan Mays Date 1-17-06
Print or Type Name Susan D. Mays
Title SVP