



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

FEB 14 2022
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 [Signature]

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

1. Entity ID Number 31885		2. Exact name of the Corporation Providence Casting, Inc.				
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) Check the box to indicate an attachment <input type="checkbox"/>						
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) Check the box to indicate an attachment <input type="checkbox"/>						
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						
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		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. 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 Anthony Bizzacco, President					Date	
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