



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 05 2024
300510
[Signature]

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 Anthony Bizzacco			Treasurer 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Bizzacco			Director Name Robert Bizzacco		
Street Address 47 Summerfield Drive 13 Winston Way			Street Address 222 Simmonsville Avenue		
City Uxbridge Johnston	State RI MA	Zip 02919 01569	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	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 Anthony Bizzacco, President					Date 1/17/24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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