

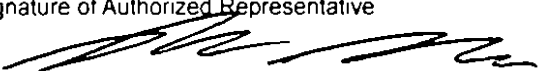


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

- 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 11915		2. Exact name of the Corporation "TRI-JAY CO."			
3. Principal Office Address Two Industrial Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 321991		6. Brief description of the character of business conducted in Rhode Island Manufacture and electroplate articles.			
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 Robert Ricci			Vice-President Name		
Street Address 87 Woodsong Drive			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Robert Ricci			Treasurer Name Robert Ricci		
Street Address 87 Woodsong Drive			Street Address 87 Woodsong Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		300	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 Robert Ricci					Date 1/29/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

FEB 14 2019

BY 