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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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B: 6522

Annual Report for the year: 2021

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	2. Exact name of the Corporation			
19031	LEHIGH METALS CORPORATION			
3. Principal Office Address		City	State	Zip
14 LEHIGH STREET		PROVIDENCE	RI	02905
4. NAICS Code: 339999	6. Brief description of the character of business conducted in Rhode Island: TO DEAL IN NON-FERROUS METALS AND MANUFACTURING OF LEAD AND LEAD BY-PRODUCTS			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
DAVID BROOMFIELD	14 LEHIGH STREET	PROVIDENCE	RI	02905

Vice-President Name	Street Address	City	State	Zip
DAVID BROOMFIELD	14 LEHIGH STREET	PROVIDENCE	RI	02905

Secretary Name	Street Address	City	State	Zip
TAMMY A. ANDERSON	14 LEHIGH STREET	PROVIDENCE	RI	02905

Treasurer Name	Street Address	City	State	Zip
CHRISTINE B. HANCOCK	14 LEHIGH STREET	PROVIDENCE	RI	02905

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	100	COMMON	NO PAR

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	Date
DAVID BROOMFIELD, PRESIDENT	2/12/2021

Signature of Authorized Representative: David Broomfield — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017