



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

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.

**FILED
STAMP**

MAR 1 2021

B: *R* 6522
FOR
SECRETARY OF STATE
RE ONLY

1. Entity ID Number 19031		2. Exact name of the Corporation LEHIGH METALS CORPORATION		
3. Principal Office Address 14 LEHIGH STREET		City PROVIDENCE	State RI	Zip 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 <input type="checkbox"/>				
President Name DAVID BROOMFIELD		Vice-President Name DAVID BROOMFIELD		
Street Address 14 LEHIGH STREET		Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI
Secretary Name TAMMY A. ANDERSON		Treasurer Name CHRISTINE B. HANCOCK		
Street Address 14 LEHIGH STREET		Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		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 DAVID BROOMFIELD, PRESIDENT			Date 2/12/2021	
Signature of Authorized Representative <i>David Broomfield</i>			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