

FILED

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.

APR 02 2021
 BY 3677 AMP
ea

1. Entity ID Number 31700		2. Exact name of the Corporation PRINCE ENAMELING, INC.			
3. Principal Office Address 10 Alcazar Street			City Johnston	State RI	Zip 02919
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island enameling goods and merchandise of all kinds				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Alicia L. Hunt			Vice-President Name Alicia L. Hunt		
Street Address 10 Alcazar Street			Street Address 10 Alcazar Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alicia L. Hunt			Treasurer Name Alicia L. Hunt		
Street Address 10 Alcazar Street			Street Address 10 Alcazar Street		
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 ☐					
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 Check the box to indicate an attachment ☐		
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 Alicia L. Hunt, President					Date 3/19/21
Signature of Authorized Representative <i>Alicia L. Hunt</i>					
SIGN DOCUMENT HERE					