



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

FILED.MP

FEB 25 2022

BY *[Signature]*

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

1. Entity ID Number 000019031		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 423930		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	Zip 02905
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	Zip 02905
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 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						Date 2/16/2022		
Signature of Authorized Representative <i>David Broomfield</i>								