



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

Annual Report for the year: **2022**
 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
 FEB 25 2022
 BY *28836*

1. Entity ID Number 20112		2. Exact name of the Corporation INTERNATIONAL CHROMIUM PLATING COMPANY			
3. Principal Office Address 2 Addison Place, Suite 206			City Providence	State RI	Zip 02909
4. NAICS Code 332813		6. Brief description of the character of business conducted in Rhode Island Working with and coating metals.			
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 Linda A. Fogarty			Vice-President Name Timothy P. Fogarty		
Street Address 2 Addison Place			Street Address 2 Addison Place		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Joseph F. Fogarty			Treasurer Name Jean M. Fogarty		
Street Address 2 Addison Place			Street Address 2 Addison Place		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Linda A. Fogarty			Director Name Jean M. Fogarty		
Street Address 2 Addison Place			Street Address 2 Addison Place		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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		PAR VALUE
			400		PNP \$0.00
			100		CNP \$0.00
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 Linda A. Fogarty, President				Date 02/15/22	
Signature of Authorized Representative <i>Linda A. Fogarty</i>			SIGN DOCUMENT HERE		

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