



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

Annual Report for the year: 2023
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 21 2023
 BY: *[Signature]*

1. Entity ID Number 000005080		2. Exact name of the Corporation Cranston Enameling, Inc.			
3. Principal Office Address P.O. Box 19198		City Johnston		State RI	Zip 02919
4. NAICS Code 332813	6. Brief description of the character of business conducted in Rhode Island All types of enameling and plating.				
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 Antonio Calabrese			Vice-President Name Nicole E. Calabrese		
Street Address P.O. Box 19198			Street Address P.O. Box 19198		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Antonio Calabrese			Treasurer Name Antonio Calabrese		
Street Address P.O. Box 19198			Street Address P.O. Box 19198		
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 <input type="checkbox"/>					
Director Name Antonio Calabrese			Director Name		
Street Address P.O. Box 19198			Street Address		
City Johnston	State RI	Zip 02919	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 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. <i>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.</i>					
Name of Authorized Representative Antonio Calabrese, President				Date 2/15/2023	
Signature of Authorized Representative <i>Antonio Calabrese</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