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

FILED
FEB 21 2023
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000005080	Cranston Enameling, Inc.

3. Principal Office Address	City	State	Zip
P.O. Box 19198	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
332813	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 ☐

President Name			Vice-President Name		
Antonio Calabrese			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 ☐

Director Name			Director Name		
Antonio Calabrese					
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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	Date
Antonio Calabrese, President	2/15/2023

Signature of Authorized Representative

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