



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED 3/17/23

MAR 06 2023

BY 30604

by

1. Entity ID Number 000011915		2. Exact name of the Corporation "TRI-JAY CO."			
3. Principal Office Address Two Industrial Drive			City Johnston		State RI
					Zip 02919
4. NAICS Code 321991		6. Brief description of the character of business conducted in Rhode Island Manufacture and electroplate articles.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert Ricci			Vice-President Name		
Street Address 87 Woodsong Drive			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Robert Ricci			Treasurer Name Robert Ricci		
Street Address 87 Woodsong Drive			Street Address 87 Woodsong Drive		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE 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. <b>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.</b>					
Name of Authorized Representative Robert Ricci, President				Date 2/15/23	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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