



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

MAR 16 2023

BY SSS DS

1. Entity ID Number 000033965		2. Exact name of the Corporation THE NEW ANNEX PLATING, INC.	
3. Principal Office Address 9 Warren Avenue		City North Providence	State RI
		Zip 02911	
4. NAICS Code 339900	6. Brief description of the character of business conducted in Rhode Island GENERAL ELECTRONIC PLATING BUSINESS		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name BARRY K. FISHBACK		Vice-President Name BARRY K. FISHABCK	
Street Address 590 PIPPEN ORCHARD ROAD		Street Address 590 PTPPEN ORCHARD ROAD	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02921	
Secretary Name BARRY K. FISHBACK		Treasurer Name BARRY K. FISHBACK	
Street Address 590 PIPPEN ORCHARD ROAD		Street Address 590 PIPPEN ORCHARD ROAD	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02921		Zip 02921	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name BARRY K. FISHBACK		Director Name	
Street Address 590 PIPPEN ORCHARD ROAD		Street Address	
City CRANSTON	State RI	City	State
Zip 02921		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 100	CLASS/SERIES CNP
		PAR VALUE 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 BARRY K. FISHBACK		Date 3-13-23	
Signature of Authorized Representative 			

MAIL TO:  
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Website: www.sos.ri.gov