



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 27 2023

BY [Signature]

1. Entity ID Number 100184		2. Exact name of the Corporation Millennium Metallurgy, Ltd.			
3. Principal Office Address 365 Frenchtown Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island To engage in business in science study and analysis of metals and metallurgy and all related fields.			
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 Susan Freeman			Vice-President Name Jonathan Freeman		
Street Address 365 Frenchtown Road			Street Address 365 Frenchtown Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Susan Freeman			Treasurer Name Jonathan Freeman		
Street Address 365 Frenchtown Road			Street Address 365 Frenchtown Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Susan Freeman			Director Name Jonathan Freeman		
Street Address 365 Frenchtown Road			Street Address 365 Frenchtown Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		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 <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 Susan R Freeman				Date 3/20/2023	
Signature of Authorized Representative [Signature]					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov