



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000062998		2. Exact name of the Corporation Electrolizing, Inc.		2024 JAN 16 A 11: 27	
3. Principal Office Address 20 Houghton Street			City Providence	State RI	Zip 02904
4. NAICS Code 311351		6. Brief description of the character of business conducted in Rhode Island High performance chromium coating			
5. State of Incorporation Illinois					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nolan Hannan			Vice-President Name Jacob Meier		
Street Address 114 Simonds Avenue			Street Address 114 Simonds Avenue		
City DeKalb	State IL	Zip 60115	City DeKalb	State IL	Zip 60115
Secretary Name Nolan Hannan			Treasurer Name Jacob Meier		
Street Address 114 Simonds Avenue			Street Address 114 Simonds Avenue		
City DeKalb	State IL	Zip 60115	City DeKalb	State IL	Zip 60115
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nolan Hannan			Director Name Jacob Meier		
Street Address 114 Simonds Avenue			Street Address 114 Simonds Avenue		
City DeKalb	State IL	Zip 60115	City DeKalb	State IL	Zip 60115
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
			1,000	Common	No Par
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 David Storey				Date 01/12/2024	
Signature of Authorized Representative <i>David Storey</i>				FILED	

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

JAN 16 2024

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