



State of Rhode Island  
Department of State - Business Services Division

**STAMP**

Annual Report for the year: **2022**

Corporation

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
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2024 JAN 16 A 11:27

1. Entity ID Number <b>000062998</b>		2. Exact name of the Corporation <b>Electrolizing, Inc.</b>			
3. Principal Office Address <b>20 Houghton Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>311351</b>		6. Brief description of the character of business conducted in Rhode Island <b>High performance chromium coating</b>			
5. State of Incorporation <b>Illinois</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Nolan Hannan</b>			Vice-President Name <b>Jacob Meier</b>		
Street Address <b>114 Simonds Avenue</b>			Street Address <b>114 Simonds Avenue</b>		
City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>	City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>
Secretary Name <b>Nolan Hannan</b>			Treasurer Name <b>Jacob Meier</b>		
Street Address <b>114 Simonds Avenue</b>			Street Address <b>114 Simonds Avenue</b>		
City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>	City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Nolan Hannan</b>			Director Name <b>Jacob Meier</b>		
Street Address <b>114 Simonds Avenue</b>			Street Address <b>114 Simonds Avenue</b>		
City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>	City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1,000</b>	<b>Common</b>	<b>No Par</b>
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 <b>David Storey</b>					Date <b>01/12/2024</b>
Signature of Authorized Representative <i>David Storey</i>					<b>FILED</b>
					<b>JAN 16 2024</b>

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

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