



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 06 2024

BY CL 15527

1. Entity ID Number 000043419		2. Exact name of the Corporation VINCENT METALS CORPORATION			
3. Principal Office Address 33 Planway 3C			City Warwick	State RI	Zip 02886
4. NAICS Code 331529		6. Brief description of the character of business conducted in Rhode Island manufacturing, processing, buying, selling and fabricating of precious metals			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Blake Vincent			Vice-President Name		
Street Address 33 Planway 3C			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name John Blake Vincent			Treasurer Name John Blake Vincent		
Street Address 33 Planway 3C			Street Address 33 Planway 3C		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Blake Vincent			Director Name		
Street Address 33 Planway 3C			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	C. ASS/SERIES Common	PAR VALUE 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 John Blake Vincent					Date January 29, 2024
Signature of Authorized Representative <i>John Blake Vincent</i>					

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