



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.

REC'D RIDOS BSD  
24 FEB 12 PM 2:40:50

1. Entity ID Number <u>153121</u>		2. Exact name of the Corporation <u>BAL A. MERCURI Inc.</u>			
3. Principal Office Address <u>46 Broad St</u>		City <u>Warrren</u>		State <u>RI</u>	Zip <u>02885</u>
4. NAICS Code <u>812112</u>		6. Brief description of the character of business conducted in Rhode Island <u>Handlman</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Bal A. Mercuri</u>			Vice-President Name		
Street Address <u>46 Broad St</u>			Street Address		
City <u>Warrren</u>		State <u>R.</u>	Zip <u>02885</u>	City	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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		CLASS/SERIES
			<u>100</u>		<u>0-0100</u>
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. <u>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.</u>			Date <u>2/12/24</u>		
Name of Authorized Representative <u>Bal A. Mercuri</u>			Signature of Authorized Representative <u>Bal A. Mercuri</u>		

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

FEB 12 2024  
BY ML ZH5K7

FORM 630- Revised: 12/2023