



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation _____

FEB 14 2024
 4437 02

- 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 119822		2. Exact name of the Corporation Symmetry International Inc.			
3. Principal Office Address 55 Industrial Circle			City Lincoln	State RI	Zip 02865
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Foam products fabrication			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven A. Lancia			Vice-President Name Steven A. Lancia		
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Steven A. Lancia			Treasurer Name Steven A. Lancia		
Street Address 55 Industrial Circle			Street Address 55 Industrial Circle		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	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. <i>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.</i>					
Name of Authorized Representative Steven A. Lancia				Date 2/5/24	
Signature of Authorized Representative					