



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.

MAR 14 2024  
6040 *[Signature]*

1. Entity ID Number 000487891		2. Exact name of the Corporation NOBLE METALS SERVICES, INC.	
3. Principal Office Address 10 ROSS SIMONS DRIVE		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 331492	6. Brief description of the character of business conducted in Rhode Island REFINING METALS.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name GARY A THERIAULT		Vice-President Name	
Street Address 10 ROSS SIMONS DRIVE		Street Address	
City CRANSTON	State RI	Zip 02920	
Secretary Name GARY A THERIAULT		Treasurer Name GARY A THERIAULT	
Street Address 10 ROSS SIMONS DRIVE		Street Address 10 ROSS SIMONS DRIVE	
City CRANSTON	State RI	Zip 02920	City CRANSTON
			State RI
			Zip 02920
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name GARY A THERIAULT		Director Name	
Street Address 10 ROSS SIMONS DRIVE		Street Address	
City CRANSTON	State RI	Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES 10,000	CLASS/SERIES STK
			PAR VALUE \$0.0100
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 GARY A THERIAULT, PRESIDENT			Date 3/11/24
Signature of Authorized Representative <i>[Signature]</i>			

MAIL TO:  
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