



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

APR 16 2024 ✓

1634

- 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 000790905		2. Exact name of the Corporation Advanced Battery Solutions, Inc.			
3. Principal Office Address 56 Green Lane			City Jamestown	State RI	Zip 02835
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Design, manufacture, and sale of electric storage batteries and analysis and testing products.			
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 Andrew Kallfelz			Vice-President Name none		
Street Address 56 Green Lane			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Andrew Kallfelz		
Street Address 221 Third St., Suite 510			Street Address 56 Green Lane		
City Newport	State RI	Zip 02840	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Andrew Kallfelz			Director Name Peter A. Rumsey		
Street Address 56 Green Lane			Street Address 56 Green Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Gary T. Rumsey			Director Name		
Street Address 56 Green Lane			Street Address		
City Jamestown	State RI	Zip 02835	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	
		1,670		Common	
				No Par Value	
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 Andrew Kallfelz					Date 27 Feb 2024
Signature of Authorized Representative 					

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