



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.

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FOR SECRETARY OF STATE
USE ONLY

| | | | | | |
|--|--------------------|--|---|-------------------------------|----------------------------------|
| 1. Entity ID Number 000011915 | | 2. Exact name of the Corporation TRI-JAY CO. | | | |
| 3. Principal Office Address Two Industrial Drive | | | City Johnston | State RI | Zip 02919 |
| 4. NAICS Code 321991 | | 6. Brief description of the character of business conducted in Rhode Island Manufacture and electroplate articles. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Robert Ricci | | | Vice-President Name | | |
| Street Address 87 Woodsong Drive | | | Street Address | | |
| City North Scituate | State RI | Zip 02857 | City | State | Zip |
| Secretary Name Robert Ricci | | | Treasurer Name Robert Ricci | | |
| Street Address 87 Woodsong Drive | | | Street Address 87 Woodsong Drive | | |
| City North Scituate | State RI | Zip 02857 | City North Scituate | State RI | Zip 02857 |
| 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 | | | | | |
| This information is currently of record in the Department of State. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES 300 | CLASS/SERIES common | PAR VALUE 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 Robert Ricci, President | | | | Date 3/21/24 | |
| Signature of Authorized Representative  | | | | | |

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

APR 17 2024
BY ML 33285