



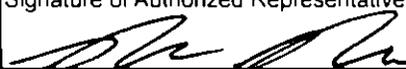
State of Rhode Island
Department of State - Business Services Division

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.

STAMP
REC'D RIB
24 APR 17 11:12
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		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
		300		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 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