



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

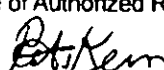
Annual Report for the year: **2024**
Corporation

→ Filing period: January 1 - March 1

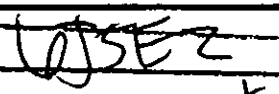
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

REC'D RI005 BSD
24 MAY 30 PM 2:48:51

1. Entity ID Number 000112200		2. Exact name of the Corporation Jahn's Metal Craft, Inc.			
3. Principal Office Address 10 Carl Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 423390	6. Brief description of the character of business conducted in Rhode Island Ornamental metal & iron fabricators				
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 Robert J. Kern			Vice-President Name Robert J. Kern		
Street Address 10 Carl Street			Street Address 10 Carl Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Robert J. Kern			Treasurer Name Robert J. Kern		
Street Address 10 Carl Street			Street Address 10 Carl Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Kern			Director Name Robert J. Kern		
Street Address 10 Carl Street			Street Address 10 Carl Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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
			600		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.					
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 J. Kern			FILED FILED		Date 4-23-24
Signature of Authorized Representative 			MAY 30 2024 MAY 30 2024		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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