RI SOS Filing Number: 202563444220 Date: 1/28/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
JAN 28 2025
BY 15855

1. Entity ID Number	2. Exact name of the Corporation			
000043419	VINCENT METALS CORPORATION			
3. Principal Office Address		City	State	Zip
33 Planway 3C		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
331529	manufacturing, processing, buying, selling and fabricating of precious metals			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Blake Vincent			Vice-President Name:		
Street Address: 33 Planway 3C			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
Secretary Name: John Blake Vincent			Treasurer Name: John Blake Vincent		
Street Address: 33 Planway 3C			Street Address: 33 Planway 3C		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John Blake Vincent			Director Name:		
Street Address: 33 Planway 3C			Street Address:		
City: Warwick	State: RI	Zip: 02886	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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	Common	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	Date
John Blake Vincent	1-21-25

Signature of Authorized Representative: John Blake Vincent

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

FORM 630- Revised: 04/2023