



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.

AA

FILED

FEB 03 2025

BY 18141

| 1. Entity ID Number<br>10240  |          | 2. Exact name of the Corporation<br>Metlon Corporation  |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
|---|----------|---|-----------------------------------|--------------------|--------------|------------------|--------------|-----------|------|--------|------------|--|--|--|
| 3. Principal Office Address<br>133 Frances Avenue   |          |   | City<br>Cranston                  | State<br>RI        | Zip<br>02910 |                  |              |           |      |        |            |  |  |  |
| 4. NAICS Code<br>561990   |          | 6. Brief description of the character of business conducted in Rhode Island<br>Contract Slitting Services and Distributor of Reflective Safety Tapes.   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| 5. State of Incorporation<br>Rhode Island   |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| President Name Wayne A. Etchells  |          |   | Vice-President Name None          |                    |              |                  |              |           |      |        |            |  |  |  |
| Street Address 133 Frances Avenue   |          |   | Street Address                    |                    |              |                  |              |           |      |        |            |  |  |  |
| City Cranston   | State RI | Zip 02910   | City                              | State              | Zip          |                  |              |           |      |        |            |  |  |  |
| Secretary Name Daniel Vener   |          |   | Treasurer Name None               |                    |              |                  |              |           |      |        |            |  |  |  |
| Street Address 133 Frances Avenue   |          |   | Street Address                    |                    |              |                  |              |           |      |        |            |  |  |  |
| City Cranston   | State RI | Zip 02910   | City                              | State              | Zip          |                  |              |           |      |        |            |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| Director Name Nancy Vener, CEO  |          |   | Director Name Wayne A. Etchells   |                    |              |                  |              |           |      |        |            |  |  |  |
| Street Address 133 Frances Avenue   |          |   | Street Address 133 Frances Avenue |                    |              |                  |              |           |      |        |            |  |  |  |
| City Cranston   | State RI | Zip 02910   | City Cranston                     | State RI           | Zip 02910    |                  |              |           |      |        |            |  |  |  |
| Director Name Daniel Vener  |          |   | Director Name                     |                    |              |                  |              |           |      |        |            |  |  |  |
| Street Address 133 Frances Avenue   |          |   | Street Address                    |                    |              |                  |              |           |      |        |            |  |  |  |
| City Cranston   | State RI | Zip 02910   | City                              | State              | Zip          |                  |              |           |      |        |            |  |  |  |
| 9. Shares Authorized  |          | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |          | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>3651</td> <td>Common</td> <td>No Par Val</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                   |                    |              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 3651 | Common | No Par Val |  |  |  |
|   |          | NUMBER OF SHARES  | CLASS/SERIES                      | PAR VALUE          |              |                  |              |           |      |        |            |  |  |  |
| 3651  | Common   | No Par Val  |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
|   |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
|   |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| 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. |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| <b>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.</b>                                       |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |
| Name of Authorized Representative<br>Wayne A. Etchells  |          |   |                                   | Date<br>01/23/2025 |              |                  |              |           |      |        |            |  |  |  |
| Signature of Authorized Representative<br>  |          |   |                                   |                    |              |                  |              |           |      |        |            |  |  |  |

MAIL TO:

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