RI SOS Filing Number: 202566220470 Date: 2/24/2025 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FLED TO	0
FEB 24 2025	DL
BY 4913	

1. Entity ID Number	Entity ID Number     2. Exact name of the Corporation							
000 104273	600 106273 INTE INC							
3. Principal Office Address		0 ,	City	enis ville	State	Zip		
Fernan 222	Snakehe	URL	Ha	msswc.	RS	02630		
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
Frincipal Office Address  From The 222 Shakehell Rd Harris - W. R. 02830  4. NAICS Code  82990  6. Brief description of the character of business conducted in Rhode Island  This read in Aluminum + Clad etc.  5. State of Incorporation  RT  This read in Aluminum + Clad etc.								
5. State of Incorporation								
	RI							
7. List ALL officers (names and add President Name	resses)	<del></del>	Vice-Presiden		e box to inc	dicate an attachment		
Fernando F	have IT Same							
Street Address 222 Snakelel	IRE	Street Address						
City H. Myer	State	Zip のとなるろう	City		State	Zip		
Secretary Name	· · · · · · · · · · · · · · · · · · ·	Treasurer Name						
	Smy			Shore				
Street Address	Street Address							
City	State	Zip	City	· -·	State	Zip		
8. List ALL directors (names and ac	Idresses)		<u> </u>	Check th	e box to inc	dicate an attachment 🔲		
B. List ALL directors (names and addresses)  Director Name  Director Name  Street Address  Street Address								
Street Address Street Address								
City	State	Zip	City		State	Zip		
Director Name	Director Name							
Street Address Street Address								
	Tours -	T=:-	O't		I 01-1-	Tata		
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue			e box to inc	dicate an attachment		
This information is currently of recor Department of State.	d in the	NUMBER OF SH	ARES	CLASS/SERIES	T	PAR VALUE		
Department of State.		-69	1	-C	-	_ 0 ~		
Changes require an additional filing.								
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								
Furnante Ronci W								
Signature of Authorized Representative								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov