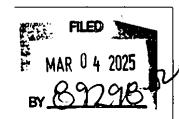
## State of Rhode Island Department of State - Business Services Division

## 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.



Entity ID Number 2. Exact name of the Corporation							
000795847 ALTENLOH, BRINCK & CO. US, INC.							
Principal Office Address	1 ADIDNEO	DIVINGIN		City		Zip	
1	80 FRANKLIN STREET			ret	State R I	02809	
4. NAICS Code	REET BRISTOL RI 02809  6. Brief description of the character of business conducted in Rhode Island						
332700	and the second of the second o						
5. State of Incorporation	1						
DE ROOF FASTENERS  7 List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name				Check the box to indicate an attachment			
				Vice-President Name			
JASON BEALS				Character Additions			
Street Address		Street Add	Street Address				
02105 COUNTY RO		T	0:1:		Tour	T	
City	State	Zip	City		State	Zıp	
BRYAN	OH	43506					
Secretary Name				Treasurer Name			
Street Address				Street Address			
	0110007100	Sirect Address					
City	State	Zip	City		State	Zip	
,							
8 List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name				Director Name			
Street Address				Street Address			
	•	<b>T</b>					
City	State	Zip	City		State	Zip	
2:	1	<u> </u>				<u> </u>	
Director Name				Director Name			
Street Acdress				S:reet Address			
Street Acdress	S.reet Auc	Sileet Address					
City	State	Zip	City	City		Zip	
J	0.000	[ - · · ·	0.0,	•	·	Σip	
Shares Authorized	1	10. Shares Issu	ued	Ch	eck the box to ind	icate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SER ES			PAR VALUE	
		70,000	<u> </u>	COMMON			
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 re-							
ceiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
Underpenalty 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 Rosresentative  Date  1 2 4 3 2 4							
Signature of Authorized Representative							
JASON BEALS							
UNGOM DENIG							

## MAIL TO:

**Division of Business Services** 

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

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