

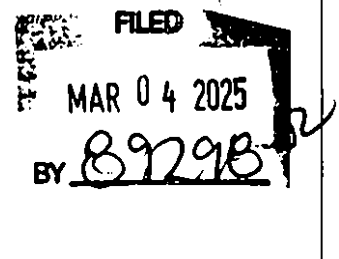
State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 000795847		2. Exact name of the Corporation ALTENLOH, BRINCK & CO., US, INC.												
3. Principal Office Address 280 FRANKLIN STREET			City BRISTOL	State RI	Zip 02809									
4. NAICS Code 332700		6. Brief description of the character of business conducted in Rhode Island ROOF FASTENERS												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment:														
President Name JASON BEALS			Vice-President Name											
Street Address 02105 COUNTY ROAD 12-C			Street Address											
City BRYAN	State OH	Zip 43506	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street 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											
City	State	Zip	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:												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td></td><td>COMMON</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		COMMON				
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
	COMMON													
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 JASON BEALS - CEO					Date 2/24/2025									
Signature of Authorized Representative JASON BEALS														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov