



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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 001746919		2. Exact name of the Corporation Nexans Industrial Solutions Inc.			
3. Principal Office Address 360 Narragansett Park Drive			City East Providence	State RI	Zip 02916
4. NAICS Code 335929		6. Brief description of the character of business conducted in Rhode Island To design develop manufacture marketing sale and other forms of commercialization of industry automation cables			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrea Di Lorenzo			Vice-President Name Dawn Bowers		
Street Address 360 Narragansett Park Drive			Street Address 1716 Bushy Park Road		
City East Providence	State RI	Zip 02916	City Goose Creek	State SC	Zip 29445
Secretary Name			Treasurer Name Dawn Bowers		
Street Address			Street Address 1716 Bushy Park Road		
City	State	Zip	City Goose Creek	State SC	Zip 29445
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frank S. Ryan			Director Name Dawn Bowers		
Street Address 100 1st Avenue NW, Suite 402			Street Address 1716 Bushy Park Road		
City Hickory	State NC	Zip 28601	City Goose Creek	State SC	Zip 29445
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			5,000		Common
					\$0.01
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 Frank S. Ryan					Date March 4, 2025
Signature of Authorized Representative /s/Frank S. Ryan					

FILED

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

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BY ganw
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