



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.

FILED

STAMP
MAR 24 2025



BY 79259

1. Entity ID Number 000061802		2. Exact name of the Corporation Deutsche Nickel America, Inc.			
3. Principal Office Address 70 Industrial Rd			City Cumberland	State RI	Zip 02864
4. NAICS Code 423510		6. Brief description of the character of business conducted in Rhode Island IMPORTATION AND DISTRIBUTION OF NICKEL ALLOYS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Letourneau			Vice-President Name		
Street Address 70 Industrial Rd			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name V. Suzanne Cook			Treasurer Name Kathryn L. Atkins		
Street Address 70 Industrial Rd			Street Address 70 Industrial Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Letourneau			Director Name		
Street Address 70 Industrial Rd.			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name Christoph Arntz			Director Name		
Street Address 70 Industrial Rd.			Street Address		
City Cumberland	State RI	Zip 02864	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	PAR VALUE
		1000		CWP	1000.00
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 Kathryn L Atkins					Date 03/20/2025
Signature of Authorized Representative 					

MAIL-TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630- Revised: 12/2023