RI SOS Filing Number: 202568765230 Date: 3/31/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2025
Cornoration	LULU

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orporation

→ Filing period: February 1 - May 1

→ Penalty: Additional \$25	.00 fee if form is no	ot filed by May 31.		- 10 0 0 0 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1				
1. Entity ID Number 000112200		2. Exact name of the Corporation Jahn's Metal Craft, Inc.						
3. Principal Office Address 10 Carl Street			City Cumberland		State RI	Zip 02864		
4. NAICS Code	6. Brief descr	iption of the charac	ter of business cond	ucted in Rhode Is	 land			
423390	Ornamer	Ornamental metal & iron fabricators						
5. State of Incorporation		- Chichicha metar a non fabricators						
Rhode Island								
7. List ALL officers (names an	d addresses)			Check t	he box to indica	ate an attachment		
President Name Robert J. Kerri			Vice-President Name Robert J. Kern					
Street Address 10 Carl Street			Street Address 10 Carl Street					
^{City} Cumberland	State RI	^{Zip} 02864	^{City} Cumberland		State RI	^{Zip} 02864		
Secretary Name Robert J. Kern.		Treasurer Name Robert J. Kern						
Street Address 10 Carl Street			Street Address 10 Carl Street					
^{City} Cumberland	State RI	^{Z_{ip}} 02864	^{City} Cumberland		State RI	^{Zıp} 02864		
8. List ALL directors (names a	nd addresses)			Check t	he box to indica	ite an attachment		
Director Name Robert J. Ke			Director Name					
Street Address 10 Carl Street		Street Address						
Cumberland	State RI	^{Zip} 02864	City		State	Zip		
Director Name		Director Name						
Street Address			Street Address					
City	State	Z:p	City		State	Zip		
9. Shares Authorized		10. Shares Issu	<u> </u>	Check ti	l ne box to indica	ite an attachment		
This information is currently of record in the Department of State.		NUMBER OF		CLASS/SERIFS PAR VALUE				
Changes require an additional filing.		600			N ₁	o Par		
11. This report must be execut rustee, this report must be ex	ecuted on behalf of	the corporation by t	he receiver or truster	e.				
Under penalty of perjury, I d statements, and that all stat	eclare and affirm t	hat I have examine	ed this report, inclu-	ding any accomp	panying sched	ules and		
Name of Authorized Represen	itative	nerein are true and	g correct.		Date			
Robert J. Kern			2-4-	25				
Signature of Authorized Repre	seniative		<u> </u>	Person	FILED	· ·		
Lift Yen				424	21 202E			
IAIL TO:				MAR THE MA	M - LOCO-			

Division of Business Services

148 W. River Street, Providence, Rhod∈ Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov ORM 630 - Revised: 2/2023