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.

STAMP

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2025 MAR 31 P 2:42

1. Entity ID Number	2. Exact name of the Corporation		
000112200	Jahn's Metal Craft, Inc.		
3. Principal Office Address	City	State	Zip
10 Carl Street	Cumberland	RI	02864
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
423390	Ornamental metal & iron fabricators		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert J. Kern			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	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Robert J. Kern			Director Name:		
Street Address: 10 Carl Street			Street Address:		
City: Cumberland	State: RI	Zip: 02864	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600		No Par

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	Date
Robert J. Kern	2-4-25

Signature of Authorized Representative: Robert J. Kern

FILED
MAR 31 2025
BY: ECIGN

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