



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

APR 11 2025

BY 9689

1. Entity ID Number 74886		2. Exact name of the Corporation RENNER MODEL SERVICES, INC.			
3. Principal Office Address 220 Old Baptist Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Jewelry design, model making			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Manfred Renner			Vice-President Name Erich Renner		
Street Address 220 Old Baptist Road			Street Address 812 Main Street		
City North Kingstown	State RI	Zip 02852	City Concord	State MA	Zip 01742
Secretary Name Manfred Renner			Treasurer Name Manfred Renner		
Street Address 220 Old Baptist Road			Street Address 220 Old Baptist Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Manfred Renner			Director Name None		
Street Address 220 Old Baptist Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 1000	CLASS/SERIES Common	PAR VALUE No Par Value
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 Manfred Renner					Date 4/7 , 2025
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021