



State of Rhode Island
Department of State - Business Services Division

FILEDAMP

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.

APR 21 2025

Cln

BY 22338

1. Entity ID Number 001718221		2. Exact name of the Corporation Nelson Manufacturing Group, Inc.												
3. Principal Office Address 71 Cypress Street			City Warwick	State RI	Zip 02888									
4. NAICS Code 332510		6. Brief description of the character of business conducted in Rhode Island Light metal fabrication and assembly												
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 Jeffrey Nelson			Vice-President Name											
Street Address 71 Cypress Street			Street Address											
City Warwick	State RI	Zip 02888	City	State	Zip									
Secretary Name			Treasurer Name Jeffrey Nelson											
Street Address			Street Address 71 Cypress Street											
City	State	Zip	City Warwick	State RI	Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>none / CWP</td> <td>none</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	none / CWP	none			
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100	none / CWP	none												
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 Jeffrey Nelson					Date 3/31/25									
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