RI SOS Filing Number: 202572687490 Date: 5/5/2025 4:00:00 PM

State of Rhode Island								
Department of St		s Services D	ivision	rision		FILED		
Annual Report for the year: Corporation -	2025		REUL	DE STATE	MAY	MAY 02 2025		
Filing period: February 1 - May 1				58 10 3: 38	BY)	$\times 1$	\mathcal{L}	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 2. Exact name of the Corporations (NAY - 2) 3: 38								
111243 THE PROVIDENCE MINT, INC.								
3 Principal Office Address					State		Zip	
1205 Westminster Street				rovidence			02909	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
339999	Hub and die cutting, jewelry manufacturing, tool and die related lines							
5. State of Incorporation								
	resses) Check the box to indicate an attachment							
7. List ALL officers (names and addresses) President Name Ronald J. Medeiros Check the box to indicate an attachr Vice-President Name Anthony DiMeo, Jr.							ichment 🗀	
				Street Address				
Street Address 1205 Westminster Street			117 Bella Vista Circle					
^{City} Providence	State RI	^{Zip} 02909	Glocester			RI	^{Zip} 02814	
Secretary Name Ronald J. Medeiros				Treasurer Name Ronald J. Medeiros				
Street Address 1205 Westminster Street				Street Address 1025 Westminster Street				
^{City} Providence	State RI	^{Zip} 02909	City Providence		State	RI	^Z io 02909	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Ronald J. Medeiros -			Director Name					
1205 Westminster Street				Street Address				
^{City} Providence	State RI	^{Zip} 02909	City		State	State Zi		
rector Name			Director Name					
Street Address			Street Address					
City	State	Ζιρ	City		State		Zip	
9. Shares Authorized		10. Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		200 Common		CLASS/SERIES		No Par Value		
				Common		NO Fai 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.								
						Date		
Ronald J. Medeiros					1	4-23-26		
Signature of Authorized Representative								
Und //// lette								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov