



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

JAN 28 2022
 BY 16852 OS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 10240		2. Exact name of the Corporation Metlon Corporation			
3. Principal Office Address 133 Frances Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island Contract Slitting Services and Distributor of Reflective Safety Tapes.			
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 Wayne A. Etchells			Vice-President Name None		
Street Address 133 Frances Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Daniel Vener			Treasurer Name None		
Street Address 133 Frances Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nancy Vener, CEO			Director Name Wayne A. Etchells		
Street Address 133 Frances Avenue			Street Address 133 Frances Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Daniel Vener			Director Name None		
Street Address 133 Frances Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		3651		Common	No Par Val
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 Wayne A. Etchells				Date 01/25/2022	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov