



**State of Rhode Island  
Department of State - Business Services Division**

**STAMP**

Annual Report for the year: **2022**

**Corporation**

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE USE ONLY  
2024 JAN 16 A 11:27

1. Entity ID Number <b>000062998</b>		2. Exact name of the Corporation <b>Electrolizing, Inc.</b>			
3. Principal Office Address <b>20 Houghton Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>311351</b>		6. Brief description of the character of business conducted in Rhode Island <b>High performance chromium coating</b>			
5. State of Incorporation <b>Illinois</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Nolan Hannan</b>			Vice-President Name <b>Jacob Meier</b>		
Street Address <b>114 Simonds Avenue</b>			Street Address <b>114 Simonds Avenue</b>		
City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>	City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>
Secretary Name <b>Nolan Hannan</b>			Treasurer Name <b>Jacob Meier</b>		
Street Address <b>114 Simonds Avenue</b>			Street Address <b>114 Simonds Avenue</b>		
City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>	City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Nolan Hannan</b>			Director Name <b>Jacob Meier</b>		
Street Address <b>114 Simonds Avenue</b>			Street Address <b>114 Simonds Avenue</b>		
City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>	City <b>DeKalb</b>	State <b>IL</b>	Zip <b>60115</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		Common
					PAR VALUE
					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.					
<b>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.</b>					
Name of Authorized Representative <b>David Storey</b>					Date <b>01/12/2024</b>
Signature of Authorized Representative <i>David Storey</i>					<b>FILED</b>
					<b>JAN 16 2024</b>

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

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