



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

JAN 23 2024

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1 Entity ID Number <b>10240</b>		2 Exact name of the Corporation <b>Metlon Corporation</b>				
3 Principal Office Address <b>133 Frances Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
4 NAICS Code <b>561990</b>		6 Brief description of the character of business conducted in Rhode Island <b>Contract Slitting Services and Distributor of Reflective Safety Tapes.</b>				
5 State of Incorporation <b>Rhode Island</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>Wayne A. Etechells</b>			Vice-President Name <b>None</b>			
Street Address <b>133 Frances Avenue</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip	
Secretary Name <b>Daniel Vener</b>			Treasurer Name <b>None</b>			
Street Address <b>133 Frances Avenue</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip	
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>Nancy Vener, CEO</b>			Director Name <b>Wayne A. Etechells</b>			
Street Address <b>133 Frances Avenue</b>			Street Address <b>133 Frances Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
Director Name <b>Daniel Vener</b>			Director Name			
Street Address <b>133 Frances Avenue</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip	
9 Shares Authorized						
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>		10 Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
		NUMBER OF SHARES		C. ASS/SERIES		PAR VALUE
		<b>3651</b>	<b>Common</b>	<b>No Par Val</b>		
This information is currently of record in the Department of State. Changes require an additional filing.						
Name of Authorized Representative <b>Wayne A. Etechells</b>					Date <b>01/18/2024</b>	
Signature of Authorized Representative 						

MAIL TO:  
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Website: www.sos.ri.gov