



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

Annual Report for the year: 2024

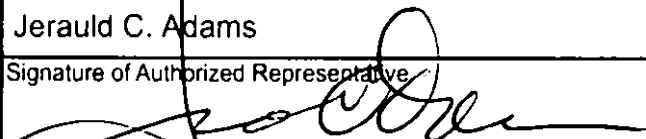
Corporation _____

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

FILED STAMP

FEB 22 2024

BY 12479

1. Entity ID Number 17103		2. Exact name of the Corporation North American Industries, Inc.			
3. Principal Office Address 180 Weeden Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jerauld C. Adams			Vice-President Name Jerauld C. Adams		
Street Address 180 Weeden Street			Street Address 180 Weeden Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Jerauld C. Adams			Treasurer Name Jerauld C. Adams		
Street Address 180 Weeden Street			Street Address 180 Weeden Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jerauld C. Adams			Director Name		
Street Address 180 Weeden Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		PAR VALUE
			6,000	common	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.					
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 Jerauld C. Adams				Date 2/16/2024	
Signature of Authorized Representative 					

MAIL TO:

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