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ID # 41110

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS EPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLANK INK

****In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
41110	FERNANDES WELDING IRON WORKS INC.			
3. Street Address Principal Business Office		City	State	Zip
319 HUNT STREET		CENTRAL FALLS	RI	02863
4. Business Phone No.	5. State of Incorporation			
401-723-0552	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ANTONIO TOMAZ			JOSE O. CUNHA		
Street Address			Street Address		
38 RIVERVIEW DRIVE			69 GODDARD STREET		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	EI	02904	CUMBERLAND	RI	02864
Secretary Name			Treasurer Name		
CELESTE TOMAZ			MARIA C. CUNHA		
Street Address			Street Address		
38 RIVERVIEW DRIVE			69 GODDARD STREET		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904	CUMBERLAND	RI	02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ANTONIO TOMAZ			JOSE. O CUNHA		
Street Address			Street Address		
38 RIVERVIEW DRIVE			69 GODDARD STREET		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904	CUMBERLAND	RI	02864
Director Name			Director Name		
CELESTE TOMAZ			MARIA C. CUNHA		
Street Address			Street Address		
38 RIVERVIEW DRIVE			69 GODDARD STREET		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02904	CUMBERLAND	RI	02864

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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.

[redacted]

[redacted]

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.

Antonio Tomaz 10-10-07
Signature *Date*

ANTONIO TOMAZ
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No.
OCT 10 2007
By: 4912
FOR SECRETARY OF STATE USE ONLY

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