

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

Form 630 Rev. 08/08

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 filling Period: January 1 - March 1 • Filling Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1. subject to a penalty fee of \$25.00.	501(e), each corporation fai	iling or refusing to file its annu	al report within thirty (30) days after	the time prescribed by law (R.	I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 2543	2 Name of Corporation Blouin Gen	eral Welding	& Fab. Inc.		
3. Street Address Principal Business Office 574 Second Avenue			Woonsocket	State R . I .	^{zip} 02895-4147
4. Business Phone No. 401-762-4542 5. State of Incorporation Rhode Is1			and		
6. Brief Description of the Character of Industrial & 7. NAMES AND ADDRESSES President Name	Commercia1	Welding all	metals & Fabric CHMENT) FILL IN SPACE Vice President Name	ation of iror es before using ati	n work ACHMENTS
Peter B. Blouin Sr.			Peter B. Blouin Jr.		
Street Address 33 Gaskill Street			Street Address 11 Reservoir Road		
Woonsocket	State R • I •	^{Ζψ} 02895	Ciny Cumberland	State R.I.	^{zip} 02864
Secretary Name Marjorie Blouin			Treasurer Name Peter Blouin Sr.		
Street Address 33 Gaskill Street			Street Address 33 Gaskill Street		
Woonsocket 8. NAMES AND ADDRESSES	State R.I. OF THE DIRECTORS	Zip 02895 i: ("X" BOX FOR ATT	City Woonsocket ACHMENT) FILL IN SPA	State R.I. CES BEFORE USING A	Zip 02895 ITACHMENTS
Director Name Peter B. Blouin Sr.			Director Name Peter B. Blouin Jr.		
Street Address 33 Gaskill Street			Street Address 11 Reservoir Road		
City Woonsocket	State R.I.	^{Ζίρ} 02895	City Cumberland	State R.I.	^{Zip} 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	City	State	Zip
9. SHARES AUTHORIZED 600 comm no par value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			600	common	no par
			·		-
This report must be executed this report must be executed or	on behalf of the corpo	oration by an authorize tration by the receiver of	d representative. If the corpor trustee.	ration is in the hands of	a receiver or trustee,
The second of th					
Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statements					

contained herein are true and correct. File Date FILED Date Signature Print or Type Name FOR SECRETARY OF STATE USE ONLY