

FOR SECRETARY OF STATE USE ONLY

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 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK 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 lano (R.I.G.L. 7-1.2-1501).

1. Corporate ID No. 160473	2. Name of Corporation  2. Name of Corporation  Goldenrod Welding, Inc.				
3. Street Address Principal Business 37 Elizabeth Street		Totalia, mo.	Cuy	State	Zip
f. Business Phone No. 5. State of Incorporation		Cumberland	Ri	02864	
6. Brief Description of the Character of Business Conducted in Rhode Island Welding and fabrications					
	S OF THE OFF	ICERS. ("Y" DOV FOR (TOTAL)			
President Name		FICERS: ("X" BOX FOR ATTA	: Vice President Name	SPACES BEFORE USING	S ATTACHMENTS
Jack A. Hinkle Street Address			Murvin R. Hinkle		
32 Putnam Heights Road			Street Address 33 Sunset Cove		
cuy Chepachet	State RI	. 02814	Chy Chepachet	State	Zip
Secretary Name Kim D. Hinkle	******************		Treasurer Name	RI	02814
Street Address			Kim D. Hinkle Street Address		
32 Putnam Heights Road			32 Putnam Heights Road		
Chepachet	RI RI	<sup>Zip</sup> 02814	Cay Chepachet	State	Zip
3. NAMES AND ADDRESSE	S OF THE DIR	ECTORS: ("X" BOX FOR ATT	: Chopachet (ACHMENT) [] FILL IN	RI V SPACES REEDDE LIGIS	02814
Director Name Jack A. Hinkle			Director Name		IG ATTACHMENTS
Street Address			Kim D. Hinkle	2	
32 Putnam Heights Road			Street Address  32 Putnam Heights Road		
City	State	Ζip	City	Ignts Road	
Chepachet Director Name	. J.RI	02814	Chepachet	RI	<sup>Zip</sup> 02814
лисцог нате			Director Name		
Street Address	<del></del>		Street Address		
Жу	State				
1	nuie	Zip	City	State	Zip
. SHARES AUTHORIZED			10. SHARES ISSUED ISSUED SHARES — THIS SE	 <i>("X" BOX FOR ATTAC.</i> CTION M <u>UST</u> BE COMPLETED	 HMENT)
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
			100	Common	None
-					
his report must be executed	on behalf of the	he corneration by an automi-	1		
his report must be executed	on behalf of th	he corporation by an authorize e corporation by the receiver o	o representative. If the c or trustee.	orporation is in the hand	s of a receiver or trust
- as - a.					,
			Under penalty of p	erjury, I declare and affirm	that I have examined this
FILE	D		including any accordanced herein a	impanying schedules and sta	atements, and that all stat
ile Date	-  -/ 				2 10
Check No. FEB 25	200		Signature	THEY	2-18-10
					1 1/110

Print or Type Name President

Title