



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 14513		2. Exact name of the Corporation VICTOR COMPANY, INC.			
3. Principal office address 752 NORTH MAIN ST			City PROVIDENCE	State R.I.	Zip 02904
4. Business Phone No. 401 331-9811			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island wholesale distrib of small kitchen appliances, personal care (such as hairdryers)					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Irving Weinreich			Vice-President Name Ruth Weinreich		
Street Address 205 Cleveland St			Street Address 205 Cleveland St		
City Pawtucket	State R.I.	Zip 02860	City Pawtucket, R.I.	State	Zip 02860
Secretary Name Irving Weinreich			Treasurer Name Ruth Weinreich		
Street Address 205 Cleveland St			Street Address 205 Cleveland St		
City Pawtucket	State R.I.	Zip 02860	City Pawtucket	State R.I.	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			500	common	no par

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 11 2013

27351

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.

*Ruth Weinreich*  
 Signature of Authorized Representative

Date  
6/10/13

Print or Type Name of Authorized Representative  
Ruth Weinreich