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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 2014

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.	2. Exact name of the Corporation
35041	**H B Welding, Inc.**

3. Principal office address	City	State	Zip
117 Webster Street	**Pawtucket**	**R.I.**	**02861**

4. Business Phone No.	5. State of Incorporation
401 727-0323	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Welding

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 JAN 27 PM 12: 15

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Helen Bacon	**None**
Street Address: **19 Columbia Drive**	Street Address:
City: **Cumberland** State: **R.I.** Zip: **02864**	City: State: Zip:
Secretary Name: **Helen Bacon**	Treasurer Name: **Helen Bacon**
Street Address: **19 Columbia Drive**	Street Address: **19 Columbia Drive**
City: **Cumberland** State: **R.I.** Zip: **02864**	City: **Cumberland** State: **R.I.** Zip: **02864**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Helen Bacon	
Street Address: **19 Columbia Drive**	Street Address:
City: **Cumberland** State: **R.I.** Zip: **02864**	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) ☐		
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
	102	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: _____

FILED
JAN 27 2014

FOR SECRETARY OF STATE USE ONLY By 49-215648
A.A.

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.

Helen Bacon 1/20/14
Signature of Authorized Representative Date

HELEN BACON
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

102001-2-932016