

## 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.

		E THIS REPORT BY M	ARCH 31 WILL RESI	JLT IN A \$25.00 PENA	ALTY FEE.	
. Entity ID No. <b>20381</b>	<u> </u>	ne of the Corporation elding Co., Inc.				
3. Principal office addres 278 Lincoln Aven			City State Zip 02888			
. Business Phone No. <b>401-732-2722</b>			5. State of Incorporation Rhode Island			
Brief description of the Precision welding		conducted in Rhode Island and dyes				
	(NAMES AND ABDI	esses) (*X" Box edit A				
resident Name Paul A. Pare			Vice-President Name Paul A. Pare			
Street Address 278 Lincoln Aven	ue	***	Street Address 278 Lincoln Avenue			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State RI	Zip <b>02888</b>	
Secretary Name Paul A. Pare	I 10		Treasurer Name Paul A. Pare			
Street Address 278 Lincoln Aven	ue		Street Address 278 Lincoln Ave	enue		
Dity Warwick	State <b>RI</b>	Zip <b>02888</b>	City Warwick	State <b>Ri</b>	Zip <b>02888</b>	
	S (NAMES AND ADD	RESSES) ("X" BOX FOR	-			
irector Name <b>None</b>			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	<u> </u>		Director Name		L	
Street Address			Street Address			
City	State	Žip	City	State	Zip	
SHARES AUTHORIZE	= <b>D</b>		10. SHARES ISSUED	("X" BOX FOR ATTACH	(MENT)	
		A COLOR OF THE COL	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.		500	Common	No Par Value		
This report must be exe	cuted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the c the corporation by the re	corporation is in the hand aceiver or trustee.	s of a receiver or trustee	
			Under penalty of pe	erjury, I declare and affi	rm that I have examine	

File Date	FILED	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.		
Check No	FEB 04 2014	Signature of Authorized Representative	"/.2,3 /14 Date	
FOR SECRETARY OF STATE USE ON THE	4734	Paul A. Pare		
iorm No. 620		Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012