



**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

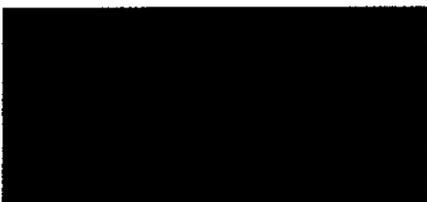
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

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. <b>791026</b>		2. Exact name of the Corporation <b>Duffy Fabrication, Inc.</b>			
3. Principal office address <b>3 Franklin Way</b>			City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896-6952</b>
4. Business Phone No. <b>401-935-3675</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Metal Fabrication &amp; Mobile Welding Services</b>					
President Name <b>Kevin Duffy</b>			Vice-President Name		
Street Address <b>3 Franklin Way</b>			Street Address		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896-6952</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>Kevin Duffy</b>			Director Name		
Street Address <b>3 Franklin Way</b>			Street Address		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896-6952</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			87,118	CWP	\$1.00

*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.*



**FILED**

APR 16 2014

1015

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.

*Kevin Duffy*  
 Signature of Authorized Representative

02/01/2014

Date

**Kevin Duffy**

Print or Type Name of Authorized Representative