



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. 94011		2. Exact name of the Corporation Providence Welding, Inc.			
3. Principal office address 101 Poe Street		City Providence	State RI	Zip 02905	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To manufacture, construct, process, build, install, buy, sell and otherwise handle sheet metal					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert J. Cavanagh			Vice-President Name Brian D. Lester		
Street Address 333 Varnum Drive			Street Address 67 Columbia Avenue		
City Warwick	State RI	Zip 02818	City Cranston	State RI	Zip 02905
Secretary Name Robert J. Cavanagh			Treasurer Name Brian D. Lester		
Street Address 333 Varnum Drive			Street Address 67 Columbia Avenue		
City Warwick	State RI	Zip 02818	City Cranston	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert J. Cavanagh			Director Name Brian D. Lester		
Street Address 333 Varnum Drive			Street Address 67 Columbia Avenue		
City Warwick	State RI	Zip 02818	City Cranston	State RI	Zip 02905
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
			200	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

Form No. 630
Revised: 01/2012

FILED

APR 28 2014

By 49-20314/

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.

Robert J. Cavanagh
Signature of Authorized Representative

1-3-14
Date

Robert J. Cavanagh

Print or Type Name of Authorized Representative