



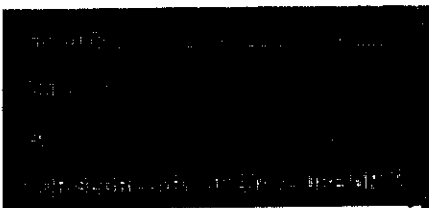
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**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>505094</b>		2. Exact name of the Corporation <b>Forge Industries Company, Inc.</b>			
3. Principal office address <b>58 Forge Road</b>			City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
4. Business Phone No. <b>(508) 668-4608</b>			5. State of Incorporation <b>Massachusetts</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Fireproofing Contractor</b>					
President Name <b>William H. Goodman</b>			Vice-President Name		
Street Address <b>58 Forge Road</b>			Street Address		
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	City	State	Zip
Secretary Name <b>Samuel L. Black</b>			Treasurer Name <b>William H. Goodman</b>		
Street Address <b>93 Sevlard Road</b>			Street Address <b>58 Forge Road</b>		
City <b>Newton</b>	State <b>MA</b>	Zip	City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
Director Name <b>William H. Goodman</b>			Director Name		
Street Address <b>58 Forge Road</b>			Street Address		
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</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
			300	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.*



**FILED**  
 JUN 10 2014  
 6274

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.

*William H. Goodman* 6/2/14  
 Signature of Authorized Representative Date  
**William H. Goodman**  
 Print or Type Name of Authorized Representative