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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 2016

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		
000076325	TOTAL WELDING SUPPLY, INC.		
3. Principal office address: 114 BRALEY RD	City: E FREETOWN	State: MA	Zip: 02717
4. Business Phone No.: 508-763-9321	5. State of Incorporation: MA		

6. Brief description of the character of business conducted in Rhode Island
SALE OF WELDING SUPPLIES

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

President Name	Street Address	City	State	Zip
DAVID DAVIS	39 POINT OF PINES RD	E FREETOWN	MA	02717

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
DALE FERGUSON	1089 RUSSEL MILLS RD	S DARTMOUTH	MA	02748

Treasurer Name	Street Address	City	State	Zip
DALE FERGUSON	1089 RUSSELLS MILLS RD	SOUTH DARTMOUTH	MA	02748

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

Director Name	Street Address	City	State	Zip
DAVID DAVIS	AS ABOVE			
DALE FERGUSON	AS ABOVE			

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
110.	NPV	

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

FILED
MAR 21 2016
BY 014832 DS

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.

Signature of Authorized Representative — Date

DAVID DAVIS
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012