

MAIL TO:

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations Department of State - Business Services Division

ANNUAL REPORT FOR THE YEAR 2017 Corporation → Filing Period: January 1 - March 1 → Filing Fee: \$50.00

487691	Reade	2. Name of Corporation Reade International Corp.				
3. Street Address Principal Business Office 850 Waterman Avenue		East Providence	State RI	02915		
NAICS Code 42				,		
	ed metal, ceram	nducted in Rhode Island ic and intermetalliccompos FICERS: ("X" BOX FOR ATT.		=	al applications. USING ATTACHMENTS	
Street Address 850 Waterman Avenue			Street Address 850 Waterman Avenue			
ast Providence	State RI	^{Zip} 02915	City East Providence	State RI	^{Zip} 02915	
Secretary Name Charles F. Reade, Jr.			Treasurer Name Charles F. Reade, Jr.			
Street Address 850 Waterman Avenue			Street Address 850 Waterman Avenue			
ast Providence	State RI	71ip 02915	East Providence	State RI	02915	
NAMES AND ADDRESS rector Name harles F. Reade, Jr.	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) D FILL I Director Name	N SPACĖS BEFORE	USING ATTACHMENT	
Street Address 350 Waterman Avenue		Street Address				
ast Providence	State RI	^{Zip} 02915	City	State	Zip	
rector Name			Director Name			
vet Address	·		Street Address			
у	State	Zip	City	State	Zip	
SHARES AUTHORIZEI): <i>("X" BOX FOR</i>	ATTACHMENT)	10. SHARES ISSUED:		 TACHMENT)	
his information is currently of record in the Office of the Secretary of		Number of Shares Class/Series Par Value				
State. Changes require an additional filing. See Section 9 of instruction sheet.			100 shares common st	ock of \$.01 par val	ue	
<u></u>						
This report must be exe	cuted on behalf	of the corporation by an authorities of the corporation by a c	orized representative. If the	e corporation is in t	he hands of a receiver or	
		alf of the corporation by the				
penalty of perjury, I declar ned herein are true and co.	e and affirm that I rrect.	have examined this report, inclu	ding any accompanying sch	edules and statements	, and that all statements	
ely A. S. Rea	de_			Date 13-	14	
Emily A.S. R	e a de		EII EN	Dure N		
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or Type Name	 	1 2	i ibbv	10 %		

Form 630 - Revised: 10/2016