


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 2017

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. 41556		2. Exact name of the Corporation SOUTHERN NEW ENGLAND WELDERS SUPPLY, INC.			
3. Principal office address 300 Centerville Road, Summit East, Suite 330		City Warwick	State RI	Zip 02886	
4. Business Phone No. (401)737-7200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL AND REPAIR WELDING SUPPLIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Shelia Simas			Vice-President Name William Simas, Sr.		
Street Address 2788 Plainfield Pike			Street Address SAME		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name William Simas, Sr.			Treasurer Name Shelia Simas		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Shelia Simas			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	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****MAR 06 2017****BY**

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

Shelia Simas

Print or Type Name of Authorized Representative