



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
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 121135		2. Exact name of the Corporation J & B Welding, Inc.			
3. Principal Office Address P O Box 236		City Stockertown		State PA	Zip 18083-0236
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Furnish & Install SIP Decking			
5. State of Incorporation PA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Charles F Benzing			Vice-President Name Martin J Benzing		
Street Address 7558 Fairlinks Court			Street Address 4325 Mill Road		
City Sarasota	State FL	Zip 34243	City Coopersburg	State PA	Zip 18036
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			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 <u>1,000</u> Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <u>523</u>		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000 <i>Authorized</i>		Common		\$1.00	
523 <i>Issued</i>		Common		\$1.00	
11. 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.					
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.					
Name of Authorized Representative					Date
					<u>6/6/17</u>
Signature of Authorized Representative Charles F. Benzing					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 12 2017
BY 805820
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FORM 630 - Revised: 02/2017