



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

Annual Report for the year: 2018
 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. Entry ID Number 19722		2. Exact name of the Corporation Rhode Island Grinding Service, Inc.					
3. Principal Office Address 649 East Greenwich Ave			City West Warwick		State RI	Zip 02893	
4. NAICS Code 811411		6. Brief description of the character of business conducted in Rhode Island Provide grinding & sharpening service Sales & service of outdoor power equipment.					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Ralph R. Beltrami			Vice-President Name Donna M. Beltrami				
Street Address 30 Oak Ridge Drive			Street Address 30 Oak Ridge Drive				
City West Warwick		State RI	Zip 02893	City West Warwick		Zip 02893	
Secretary Name Donna M. Beltrami			Treasurer Name Ralph R. Beltrami				
Street Address 30 Oak Ridge Drive			Street Address 30 Oak Ridge Dr				
City West Warwick		State RI	Zip 02893	City West Warwick		Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name none			Director Name None				
Street Address			Street Address				
City		State	Zip	City		Zip	
Director Name None			Director Name none				
Street Address			Street Address				
City		State	Zip	City		Zip	
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES		PAR VALUE	
			100	Common		No Par Value	
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 Donna M. Beltrami					Date 12-29-17		
Signature of Authorized Representative Donna M. Beltrami					SIGN DOCUMENT HERE 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

JAN 02 2018
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