RI SOS Filing Number: 201857539790 Date: 2/1/2018 4:00:00 PM State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 2018 Corporation 2018 FEB - 1 PM 1: 35 -> 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 2. Exact name of the Corporation H B WELDING, INC. 35041 3. Principal Office Address State City Zip 02919 60 Dyerville Avenue **Johnston** R.I. 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 238120 Welding 5. State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Alexis Bacon Vice-President Name Street Address 406 Lakeshore Drive Street Address State R.I. State Zio City Warwick <sup>Žip</sup> 02889 City Secretary Name Alexis Bacon Treasurer Name Alexis Bacon Street Address 406 Lakeshore Drive Street Address 406 LAKESHORE dRIVE State R.I. State R.I. City Warwick <sup>Žip</sup> 02889 Čity War<del>wi</del>ck <sup>Zip</sup> 02889 Check the box to indicate an attachment 8. List ALL directors (names and addresses) Director Name Alexis Bacon Street Address Street Address 406 Lakeshore Drive City Warwick Zip **02889** City State State Zφ R.I. Director Name Director Name Street Address Street Address City State City Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE Department of State. Common No Par Changes require an additional filing. 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

MAIL TO:

Division of Business Services

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

<u>(න/</u>

Signature of Authorized Representative

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

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