



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.

STAMP

1. Entity ID Number 000074777		2. Exact name of the Corporation D S WELDING SERVICES INC.									
3. Principal Office Address 339 Market Street			City Warren	State RI	Zip 02885						
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island To Perform Welding, Repair and Rebuilding of Machinery, to Operate on or off the Premises.									
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 Donald S. Farrar			Vice-President Name								
Street Address 15 Greenwood Drive			Street Address								
City Rehoboth	State MA	Zip 02769	City	State	Zip						
Secretary Name Donald S. Farrar			Treasurer Name Donald S. Farrar								
Street Address 15 Greenwood Drive			Street Address 15 Greenwood Drive								
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
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		10. Shares Issued									
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>No Par Value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1000	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 Donald S. Farrar					Date 1/16/18						
Signature of Authorized Representative <i>Donald S. Farrar</i>					SIGN DOCUMENT HERE						

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

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FORM 630 - Revised: 10/2017