



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.

FILED
 STATE OF RHODE ISLAND
 MAR 26 2018
 SECRETARY OF STATE
 (USE ONLY)
 BY 25053

1. Entity ID Number 19581		2. Exact name of the Corporation INDUSTRIAL WELDERS SUPPLY, INC.			
3. Principal Office Address 478A Broadway			City Providence	State RI	Zip 02909
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island to run a welding supply business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNEFTH F. CONDE			Vice-President Name LAWRENCE R. CONDE		
Street Address 15 Montgomery Street			Street Address 37 Wood Cove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Secretary Name LAWRENCE R. CONDE/Ass't Sec John D. Biafore			Treasurer Name KENNETH F. CONDE		
Street Address 37 Wood Cove Drive / 478A Broadway			Street Address 15 Montgomery Street		
City Coventry/Providence	State RI	Zip 02816/2090	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KENNETH F. CONDE			Director Name LAWRENCE R. CONDE		
Street Address 15 Montgomery Street			Street Address 37 Wood Cove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Director Name ALBERT S. CONDE			Director Name		
Street Address 320 Mile Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	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	
		1300		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 LAWRENCE R. CONDE, Secretary				Date 3-17-18	
Signature of Authorized Representative <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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