



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual Report for the year: 2020
Corporation

JAN 15 2020

BY 32842
LOA

- 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 <u>00019722</u>		2. Exact name of the Corporation <u>Rhode Island Grinding Service, Inc.</u>	
3. Principal Office Address <u>649 East Greenwich Ave. West Warwick</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. NAICS Code <u>811411</u>	6. Brief description of the character of business conducted in Rhode Island <u>Provide grinding and sharpening service also sales and service outdoor power equipment.</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Ralph R. Beltrami</u>		Vice-President Name <u>Donna M. Beltrami</u>	
Street Address <u>30 Oak Ridge Drive</u>		Street Address <u>30 Oak Ridge Drive</u>	
City <u>West Warwick</u>	State <u>R.I.</u>	City <u>West Warwick</u>	State <u>R.I.</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>Donna M. Beltrami</u>		Treasurer Name <u>Ralph R. Beltrami</u>	
Street Address <u>30 Oak Ridge Drive</u>		Street Address <u>30 Oak Ridge Drive</u>	
City <u>West Warwick</u>	State <u>R.I.</u>	City <u>West Warwick</u>	State <u>R.I.</u>
Zip <u>02893</u>		Zip <u>02893</u>	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>No par Value</u>
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 <u>Ralph R. Beltrami</u>		Date <u>1-6-20</u>	
Signature of Authorized Representative <u>[Signature]</u>			