RI SOS Filing Number: 202186120930 Date: 1/12/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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
JAN 12 2021
BY 333148

1. Entity ID Number	2. Exact name of the Corporation			
0001972 2	Rhode Island Grinding Service Inc.			
3. Principal Office Address		City	State	Zip
649 East Greenwich Avenue		West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811411	Provide grinding and sharpening services also sales and service outdoor power equipment.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Ralph R. Beltrami			Jessica A. Charette		
Street Address			Street Address		
30 Oak Ridge Drive			14 Longbow Drive		
City	State	Zip	City	State	Zip
West Warwick	R.I.	02893	West Warwick	RI	02893
Secretary Name			**Treasurer Name**		
Donna M. Beltrami			James J. Charette		
Street Address			Street Address		
30 Oak Ridge Drive			14 Longbow Drive		
City	State	Zip	City	State	Zip
West Warwick	RI	02893	West Warwick	RI	02893

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Donna M. Beltrami	1-7-21

Signature of Authorized Representative: Donna M Beltrami

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

FORM 630 - Revised: 08/2020