



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 29 2021

BY

1. Entity ID Number 001694550		2. Exact name of the Corporation KRUSH WELDING, INC.			
3. Principal Office Address 18 CANTON AVENUE			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island WELDING SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOHN KRUSHNOWSKI			Vice-President Name STACEY DELEKTA		
Street Address 18 CANTON AVENUE			Street Address 18 CANTON AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name JOHN KRUSHNOWSKI			Treasurer Name STACEY DELEKTA		
Street Address 18 CANTON AVENUE			Street Address 18 CANTON AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	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 ☐		
			NUMBER OF SHARES 1,000	CLASS/STRIKES COMMON	PAR VALUE NO PAR
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 JOHN KRUSHNOWSKI, PRESIDENT				Date 1/28/2021	
Signature of Authorized Representative 					

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