



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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| | | | | | |
|--|--------------------|--|---|--------------------|------------------------|
| 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 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 |
| | | | 1000 | | Common |
| | | | | | PAR VALUE |
| | | | | | 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Donald S. Farrar | | | | | Date 1-19-21 |
| Signature of Authorized Representative | | | SIGN DOCUMENT HERE | | |

FILED ✓

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