



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

FEB 24 2021 TAP

BY

1. Entity ID Number 505094		2. Exact name of the Corporation Forge Industries Company, Inc.			
3. Principal Office Address 140 South Street, Unit 10			City Walpole	State MA	Zip 02081
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Fireproofing contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name William H. Goodman			Vice-President Name		
Street Address 140 South Street, Unit 10			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Secretary Name Samuel L. Black			Treasurer Name William H. Goodman		
Street Address 93 Sevlard Road			Street Address 140 South Street, Unit 10		
City Newton	State MA	Zip	City Walpole	State MA	Zip 02081
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name William H. Goodman			Director Name		
Street Address 140 South Street, Unit 10			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		300	Common	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 William H. Goodman				Date 2/24/21	
Signature of Authorized Representative 					