



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

MAR 1 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.

4909

1. Entity ID Number 000003415		2. Exact name of the Corporation R.I. Welding & Fabricating Co.			
3. Principal Office Address 43 Turner Street			City Providence		State RI
					Zip 02908
4. NAICS Code 331110		6. Brief description of the character of business conducted in Rhode Island Misc. iron welding and repairs, fabrication of metals			
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 Payne			Vice-President Name Alvin Strom		
Street Address 43 Turner Street			Street Address 43 Turner Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Donald Payne			Treasurer Name Donald Payne		
Street Address 43 Turner Street			Street Address 43 Turner Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		
			PAR VALUE		
			Common		
			None		
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 <i>Donald Payne, Pres.</i>					Date 2/12/2021
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.n.gov

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