



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.

STAMP
 MAR 09 2021
 BY 027905

1. Entity ID Number 19581		2. Exact name of the Corporation INDUSTRIAL WELDERS SUPPLY, INC.			
3. Principal Office Address 396 Manton Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 453998		6. Brief description of the character of business conducted in Rhode Island to run a welding supply business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH F. CONDE			Vice-President Name LAWRENCE R. CONDE		
Street Address 15 Montgomery Street			Street Address 37 Wood Cove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Secretary Name LAWRENCE R. CONDE/Asst. Sec John D. Biafore			Treasurer Name KENNETH F. CONDE		
Street Address 37 Wood Cove Drive / 253 Main Street			Street Address 15 Montgomery Street		
City Coventry / East Greenwich	State RI/RI	Zip 02816/02818	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KENNETH F. CONDE			Director Name LAWRENCE R. CONDE		
Street Address 15 Montgomery Street			Street Address 37 Wood Cove Drive		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Director Name ALBERT S. CONDE			Director Name		
Street Address 320 Mile Road			Street Address		
City Coventry	State RI	Zip 02816	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	
		1300		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. 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 LAWRENCE R. CONDE, Secretary				Date 2-26-21	
Signature of Authorized Representative					