



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN 23 PM 1:16

1. Entity ID Number 000095229		2. Exact name of the Corporation PELLETIER WELDING AND FABRICATION CO, INC			
3. Principal Office Address 321 WARWICK AVE		City WARWICK		State RI	Zip 02889
4. NAICS Code 238190	6. Brief description of the character of business conducted in Rhode Island WELDING AND METAL FABRICATING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAUL PELLETIER			Vice-President Name MICHELLE PELLETIER		
Street Address 93 SUNDERLAND RD			Street Address 3 SUNDERLAND RD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name MICHELLE PELLETIER			Treasurer Name AUL PELLETIER		
Street Address 93 SUNDERLAND RD			Street Address 93 SUNDERLAND RD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL PELLETIER			Director Name		
Street Address 93 SUNDERLAND RD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES 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 PAUL PELLETIER				Date 01/17/23	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govJAN 23 2023
BY ML KMG/IN
1:18

FORM 630 - Revised: 11/2021