



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

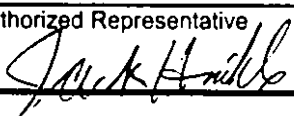
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

MAR 14 2023

105372

1. Entity ID Number 160473		2. Exact name of the Corporation GOLDENROD WELDING, INC.			
3. Principal Office Address 32 PUTNAM HEIGHTS RD		City CHEPACHET		State RI.	Zip 02814
4. NAICS Code 33992		6. Brief description of the character of business conducted in Rhode Island WELDING AND FABRICATION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JACK A. HINKLE			Vice-President Name MURVIN R. HINKLE		
Street Address 32 PUTNAM HEIGHTS RD			Street Address 32 PUTNAM HEIGHTS RD		
City CHEPACHET	State RI.	Zip 02814	City CHEPACHET	State RI.	Zip 02814
Secretary Name KIM D. HINKLE			Treasurer Name KIM D. HINKLE		
Street Address 32 PUTNAM HEIGHTS RD			Street Address 32 PUTNAM HEIGHTS RD		
City CHEPACHET	State RI.	Zip 02814	City CHEPACHET	State RI.	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JACK A. HINKLE			Director Name KIM D. HINKLE		
Street Address 32 PUTNAM HEIGHTS RD			Street Address 32 PUTNAM HEIGHTS RD		
City CHEPACHET	State RI.	Zip 02814	City CHEPACHET	State RI.	Zip 02814
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 ☐		
			NUMBER OF SHARES		
			CLASS/SERIES		PAY VALUE
			100		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 JACK A. HINKLE					Date 3-8-23
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.ri.gov

FORM 630 - Revised: 11/2021