RI SOS Filing Number: 202333001730 Date: 4/13/2023 3:24:00 PM

State of Rhode Island
Department of State - Business Services Division

Amended

STAMP

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.

2023 APR 13 P1 3:24 RECEIVED R.I. DEPT. OF STATE BUS. SVCS. DIV.

1. Entity ID Number	2. Exact name of the Corporation		
53782	Rhode Island Centerless, Inc.		
3. Principal Office Address	City	State	Zip
24 Morgan Mill Road	Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
33351	Centerless grinding of metals of all kinds, plastics, glass and all other materials.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

Pres·dent Name: Martin L. Bryan			Vice-President Name: Deborah Corbett Bryan		
Street Address: 177 Jefferson Street			Street Address: 177 Jefferson Street		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888
Secretary Name: Martin L. Bryan			Treasurer Name: Deborah Corbett Bryan		
Street Address: 177 Jefferson Street			Street Address: 177 Jefferson Street		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	PAR VALUE
1,100	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	Date
Martin L. Bryan	4-5-2023

Signature of Authorized Representative

FILED
APR 13 2023
BY A.A. 3:24 pm D

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: 2/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 13, 2023 03:24 PM

Gregg M. Amore
Secretary of State