



State of Rhode Island
Department of State - Business Services Division

Amended

STATE

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 PM 3:24
 I.D. DEPT. OF STATE
 BUS. SERVICES DIV.

1. Entity ID Number 53782	2. Exact name of the Corporation Rhode Island Centerless, Inc.		
3. Principal Office Address 24 Morgan Mill Road	City Johnston	State RI	Zip 02919
4. NAICS Code 33351	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President 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 <input type="checkbox"/>					
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	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
	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 <i>Martin L. Bryan</i>	Date <i>4-5-2023</i>
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Signature of Authorized Representative <i>[Signature]</i>	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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