



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.

APR 14 2023 STAMP

7746 FOR 02

1. Entity ID Number 1681463		2. Exact name of the Corporation NEW BEDFORD WELDING SUPPLY, INC.			
3. Principal Office Address 286 HERMAN MELVILLE BOULEVARD		City NEW BEDFORD		State MA	Zip 02745
4. NAICS Code 333992		6. Brief description of the character of business conducted in Rhode Island SALES OF WELDING SUPPLIES AND INDUSTRIAL GASES.			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT C. COOK		Vice-President Name MICHAEL R. COOK			
Street Address 3 BELL'S BROOK ROAD		Street Address 48 MALBONE ROAD			
City LAKEVILLE	State MA	Zip 02347	City ASSONET	State MA	Zip 02702
Secretary Name LAURELL E. COOK		Treasurer Name LAURELL E. COOK			
Street Address 3 BELL'S BROOK ROAD		Street Address 3 BELL'S BROOK ROAD			
City LAKEVILLE	State MA	Zip 02347	City LAKEVILLE	State MA	Zip 02347
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT C. COOK		Director Name LAURELL E. COOK			
Street Address 3 BELL'S BROOK ROAD		Street Address 3 BELL'S BROOK ROAD			
City LAKEVILLE	State MA	Zip 02347	City LAKEVILLE	State MA	Zip 02347
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 <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2,000		COMMON	\$0.00
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 ROBERT C. COOK					Date 4/10/2023
Signature of Authorized Representative <i>Robert C Cook</i>					

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