

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

FILED STAMP JUN 29 2023

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.						- 10		
1. Entity ID Number	2. Exact name of the Corporation							
00040724	S&PH	S & P Heat Treating, Inc.						
3. Principal Office Address			City		State	Z	ıρ	
16 Dewey Avenue			Warwi	ck	RI	c	2886	
4. NAICS Code	6. Brief descr	iption of the charact	er of busines	s conducted in Rh	node Island			
339999	Heat Trea	ating of Metals	for Harde	ning and Tem	pering			
5. State of Incorporation								
RI								
7. List ALL officers (names a	nd addresses)			Check	the box to indica	ite an allaci	nment 🗆	
President Name Arvind N.	Vice-President Name Michael Rapoza							
Street Address 16 Dewey	Street Address 16 Dewey Avenue							
^{City} Warwick	State RI	^{Zip} 02886	City		Siale		¹⁷ 02886	
Secretary Name			Treasurer Name					
Street Address			Streat Address					
City	State	Zip	City		State	Z	'rp	
8. List ALL directors (names	and addresses)			Check	the box to indica	ate an attac	hment 🔲	
Director Name			Director N	ame	· · · - ·			
Street Address			Street Add	iess	 :			
City	State	Ζφ	City		State	Stelle Zmp		
Director Name	l	Director Name						
Street Address	Street Address							
City	State	Zip	City		State	z	ф	
9 Shares Authorized	10. Shares Iss		ued	ed Check the box to indicate an attachment [
This information is currently of record in the Department of State.		MUMBER OF SHARES		CLASS/SERIES			RVALUE	
•		1,000.00		CNP		0.0 0.0		
Changes require an additions	l filing.		•				<u>-</u>	
11. This report must be exec	uted on behalf of the	corporation by an a	uthorized re	presentative. If the	corporation is in	the hands	of a re-	
ceiver or trustee, this report. Under penalty of perjury, I	must be executed on	behalf of the corpo	ration by the	receiver or trustee).			
Onder penalty of perjury, i <u>statements, and that all st</u>				n, including any	accompanying :	screaules	anu	
Name of Authorized Representative					Date	ł		
ARUIND N. PATCL Signature of Authorized Representative					6-2	6-27-2023		
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ANGUL	ter_							

Phone: (401) 222-3040 Website: www.sos.n.gov