



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report 2024**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. Corporate ID No. <u>000003415</u>		
2. Name of Corporation <u>R. I. Welding & Fabricating Co.</u>		
3. Street Address Principal Business Office:		
No. and Street:	<u>43 TURNER STREET</u>	
City or Town:	<u>PROVIDENCE</u>	State: <u>RI</u> Zip: <u>02908</u> Country: <u>USA</u>
4. Business Phone No.		
<u>4013311355</u>		
5. State of Incorporation		
State: <u>RI</u>		
NAICS CODE		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here . More information on NAICS can be found online.		
<u>331110</u>		FILED
6. Brief Description of the Character of Business Conducted in Rhode Island		FEB 16 2024
<u>MISC. IRON- WELDING AND REPAIRS, FABRICATION OF METALS</u>		BY <u>1121735</u>
7. Names and Addresses of the Officers and Directors:		
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.		
Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
PRESIDENT	DONALD PAYNE	43 TURNER STREET PROVIDENCE, RI 02908- USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	600.00	600.00

9. 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.

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

- ☐ Woman
☐ Veteran
☐ Disabled
☐ Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

- ☐ 0
☐ 1-5
☐ 6-50
☐ 51-200
☐ 201-500
☐ Over 500

3. What are the gross revenues for the business for the past year:

- ☐ \$0 - \$50,000
☐ \$51,000 - \$250,000
☐ \$251,000 - \$500,000
☐ \$501,000 - \$1,000,000
☐ Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: _____

Business Name: _____

No. and Street: _____

City or Town: _____

State: _____ Zip: _____

Country: _____

Contact Phone: _____ ext: _____

Contact Email: _____

Signed this 16 Day of February, 2024 at 10:35:19 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DONALD PAYNE
Signature of Authorized Representative of the Corporation

Make Corrections

Accept

Form No. 630
Revised 09/07

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