RI SOS Filing Number: 202450500310 Date: 4/8/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 08 2024
22865

1. Entity ID Number	2. Exact name of the Corporation			
000041556	Southern New England Welders Supply, Inc.			
3. Principal Office Address		City	State	Zip
300 Centerville Road, Summit East, Suite 330		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541410	To buy, sell and repair welding supplies.			
5. State of Incorporation				
Rhode Island				

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

President Name: Sheila Simas			Vice-President Name: William Simas, Sr.		
Street Address: 2788 Plainfield Pike			Street Address: Same		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: William Simas, Sr.			Treasurer Name: Sheila Simas		
Street Address: Same			Street Address: Same		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: Sheila Simas			Director Name:		
Street Address: Same			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
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: Sheila Simas — Date: 4-1-24

Signature of Authorized Representative: Sheila Simas

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