



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.

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FOR SECRETARY OF STATE  
DAILY  
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|   |             |  |  |  |              |
|---|-------------|--|--|--|--------------|
| 1. Entry ID Number<br>1681463   |             | 2. Exact name of the Corporation<br>NEW BEDFORD WELDING SUPPLY, INC.   |  |  |              |
| 3. Principal Office Address<br>286 HERMAN MELVILLE BOULEVARD  |             | City<br>NEW BEDFORD  |  | State<br>MA  | Zip<br>02745 |
| 4. NAICS Code<br>333992   |             | 6. Brief description of the character of business conducted in Rhode Island<br>SALES OF WELDING SUPPLIES AND INDUSTRIAL GASES. |  |  |              |
| 5. State of Incorporation<br>MASSACHUSETTS  |             |  |  |  |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |  |  |              |
| President Name<br>ROBERT C. COOK  |             |  | Vice-President Name<br>MICHAEL R. COOK |  |              |
| Street Address<br>3 BELL'S BROOK ROAD   |             |  | Street Address<br>48 MALBONE ROAD      |  |              |
| City<br>LAKEVILLE   | State<br>MA | Zip<br>02347   | City<br>ASSONET                        | State<br>MA  | Zip<br>02702 |
| Secretary Name<br>LAURELL E. COOK   |             |  | Treasurer Name<br>LAURELL E. COOK      |  |              |
| Street Address<br>3 BELL'S BROOK ROAD   |             |  | Street Address<br>3 BELL'S BROOK ROAD  |  |              |
| City<br>LAKEVILLE   | State<br>MA | Zip<br>02347   | City<br>LAKEVILLE                      | State<br>MA  | Zip<br>02347 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |  |  |              |
| Director Name<br>ROBERT C. COOK   |             |  | Director Name<br>LAURELL E. COOK       |  |              |
| Street Address<br>3 BELL'S BROOK ROAD   |             |  | Street Address<br>3 BELL'S BROOK ROAD  |  |              |
| City<br>LAKEVILLE   | State<br>MA | Zip<br>02347   | City<br>LAKEVILLE                      | State<br>MA  | Zip<br>02347 |
| Director Name   |             |  | Director Name                          |  |              |
| Street Address  |             |  | Street Address                         |  |              |
| City  | State       | Zip  | City                                   | State  | Zip          |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |  |  |              |
| This information is currently of record in the Department of State.<br><br>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. |             |  |  |  |              |
| <b>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.</b>                                       |             |  |  |  |              |
| Name of Authorized Representative<br>ROBERT C. COOK   |             |  |  | Date<br>4/2/2024   |              |
| Signature of Authorized Representative<br><i>Robert C. Cook</i>   |             |  |  |  |              |

**MAIL TO:**  
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