



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

FEB 05 2025

BY 3580

AA.

1. Entity ID Number 37728		2. Exact name of the Corporation WESTFALL MANUFACTURING CO.			
3. Principal Office Address 15 Broadcommon Road			City Bristol	State RI	Zip 02809
4. NAICS Code 314910		6. Brief description of the character of business conducted in Rhode Island Manufacturing flow meters, filters and miscellaneous water purification equipment.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert W. Glanville			Vice-President Name Robert W. Glanville		
Street Address 15 Broadcommon Road			Street Address 15 Broadcommon Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Robert W. Glanville			Treasurer Name Robert W. Glanville		
Street Address 15 Broadcommon Road			Street Address 15 Broadcommon Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert W. Glanville			Director Name None		
Street Address 15 Broadcommon Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 613	CLASS/SERIES Common	PAR VALUE No Par Value
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 W. Glanville				Date 1/27/25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov