State of Rhode Island
Department of State - Business Services Division

FILED
FEB 10 2025
BY 34892EG

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.

1. Entity ID Number	2. Exact name of the Corporation
0006 19722	Rhode Island Grinding Service, Inc

3. Principal Office Address	City	State	Zip
649 East Greenwich Ave	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811411	Provide grinding & sharpening service also o
5. State of Incorporation	sales & service outdoor power equipment.
Rhode Island	

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

President Name	Vice-President Name
Ralph R Beltrami	Donna Beltrami
Street Address: 30 Oak Ridge Drive	Street Address: 30 Oak Ridge DR
City: West Warwick; State: RI; Zip: 02893	City: West Warwick; State: RI; Zip: 02893
Secretary Name	**Treasurer Name**
Donna M. Beltrami	Ralph R. Beltrami
Street Address: 30 Oak Ridge Drive	Street Address: 30 Oak Ridge DR
City: West Warwick; State: RI; Zip: 02893	City: West Warwick; State: RI; Zip: 02893

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

Director Name	Director Name
Street Address	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	common	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	Date
Ralph R. Beltrami	2-3-25

Signature of Authorized Representative: Ralph R Beltrami

MAIL TO:
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