



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

FEB 10 2025

BY 016081
EG

REC'D RIDGS BSD
25 FEB 7 AM 11:35:13

1. Entity ID Number 000009436		2. Exact name of the Corporation FRIENDS FOUNDRY, INC.			
3. Principal Office Address 416 Pond Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of aluminum casting machinery and molds.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Normand Gerald Vadenais			Vice-President Name John M. Vadenais		
Street Address 416 Pond Street			Street Address 416 Pond Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Normand Gerald Vadenais			Treasurer Name Normand Gerald Vadenais		
Street Address 416 Pond Street			Street Address 416 Pond Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul E. Vadenais			Director Name		
Street Address 416 Pond Street			Street Address		
City Woonsocket	State RI	Zip 02895	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	A Common	No Par Value
			1800	B 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 Normand Gerald Vadenais					Date 2-5-25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov