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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 14 2025
BY 20612

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			
000009902	AUGUST W MENDE INC			
3. Principal Office Address		City	State	Zip
235 CHALKSTONE AVE		PROVIDENCE	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238350	General Woodworking			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
SUSAN M PAGLIARO					
Street Address			Street Address		
22 MOWRY AVE					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name			Treasurer Name		
Robert H MENDE			Robert H MENDE		
Street Address			Street Address		
12 Bigelow RD			12 Bigelow RD		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

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.			

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
Susan M Pagliaro	2/10/25

Signature of Authorized Representative: Susan M Pagliaro

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. 12/2023