



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLY

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 000487691		2. Exact name of the Corporation Reade International Corp.			
3. Principal Office Address 850 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 335188		6. Brief description of the character of business conducted in Rhode Island Distributor of advanced metal, ceramic and intermetallic compositions for high technology and governmental applications.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Emily A. S. Reade			Vice-President Name Charles F. Reade, Jr.		
Street Address 850 Waterman Avenue			Street Address 850 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Charles F. Reade, Jr.			Treasurer Name Charles F. Reade, Jr.		
Street Address 850 Waterman Avenue			Street Address 850 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common Shares	0.01 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 Emily S. Reade				Date 2/6/25	
Signature of Authorized Representative Emily S. Reade				FILED	

FEB 19 2025

BY **ML** 34634