



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 <b>000487691</b>		2. Exact name of the Corporation <b>Reade International Corp.</b>			
3. Principal Office Address <b>850 Waterman Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>335188</b>		6. Brief description of the character of business conducted in Rhode Island <b>Distributor of advanced metal, ceramic and intermetallic compositions for high technology and governmental applications.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Emily A. S. Reade</b>			Vice-President Name <b>Charles F. Reade, Jr.</b>		
Street Address <b>850 Waterman Avenue</b>			Street Address <b>850 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Charles F. Reade, Jr.</b>			Treasurer Name <b>Charles F. Reade, Jr.</b>		
Street Address <b>850 Waterman Avenue</b>			Street Address <b>850 Waterman Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>200</b>	CLASS/SERIES <b>Common Shares</b>	PAR VALUE <b>0.01 par value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Emily S. Reade</b>					Date <b>2/6/25</b>
Signature of Authorized Representative <b>Emily S. Reade</b>					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FEB 19 2025  
BY **ML** 34634

FORM 630 - Revised 04/2023