



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATION DIVISION

Annual Report for the year: 2025

Corporation

2025 MAR 12 PM 2:04

- 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 000080297			2. Exact name of the Corporation Falcon Boiler & Hydraulic Services, Inc.		
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island To engage in industrial and hydraulic boiler repair			
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 Russell M. Barrie			Vice-President Name David Radick		
Street Address 1329 New London Avenue			Street Address 187 Old Mountain Road		
City Cranston	State RI	Zip 02920	City West Kingston	State RI	Zip 02892
Secretary Name Russell M. Barrie			Treasurer Name David Radick		
Street Address 1329 New London Avenue			Street Address 187 Old Mountain Road		
City Cranston	State RI	Zip 02920	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
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 <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	Common	No Par
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 Russell Barrie				Date 3-6-25	
Signature of Authorized Representative <i>Russell Barrie</i>				FILED	

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

MAR 12 2025

BY JSD66
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