



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.

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1. Entity ID Number 505094		2. Exact name of the Corporation Forge Industries Company, Inc.			
3. Principal Office Address 140 South Street, Unit 2			City Walpole	State MA	Zip 02081
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Fireproofing contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name William H. Goodman			Vice-President Name		
Street Address 140 South Street, Unit 2			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Secretary Name Kyle Duggan			Treasurer Name William H. Goodman		
Street Address 345 Sherman Street			Street Address 140 South Street, Unit 2		
City Canton	State MA	Zip 02021	City Walpole	State MA	Zip 02081
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name William H. Goodman			Director Name		
Street Address 140 South Street, Unit 2			Street Address		
City Walpole	State MA	Zip 02081	City	State	Zip
Director Name Kyle Duggan			Director Name		
Street Address 345 Sherman Street			Street Address		
City Canton	State MA	Zip 02021	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 300	CLASS/SERIES Common	PAR VALUE 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. <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 William H. Goodman					Date 2/3/25
Signature of Authorized Representative 					

MAIL TO:

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

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FORM 630- Revised 12/2023