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.

STAMP
FILED
APR 04 2025
BY

1. Entity ID Number	2. Exact name of the Corporation			
952	American Welding Company, Inc.			
3. Principal Office Address		City	State	Zip
689 Hopkins Hill Road		West Greenwich	RI	02817
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339999	Welding			
5. State of Incorporation				
Rhode Island				

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

President Name	Edward T. Greene, Jr.		Vice-President Name	Eric R. Greene	
Street Address	689 Hopkins Hill Road		Street Address	689 Hopkins Hill Road	
City	West Greenwich	State: RI, Zip: 02817	City	West Greenwich	State: RI, Zip: 02817
Secretary Name	Edward T. Greene, Jr.		Treasurer Name	Eric R. Greene	
Street Address	same as above		Street Address	same as above	
City		State, Zip	City		State, Zip

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

Director Name	Eric R. Greene		Director Name	Edward T. Greene, Jr.	
Street Address	same as above		Street Address	same as above	
City		State, Zip	City		State, Zip
Director Name	Daniel R. Greene		Director Name	Alan W. Greene, Jr.	
Street Address	same as above		Street Address	same as above	
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	common	no par value

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
Eric R. Greene	3/20/25

Signature of Authorized Representative: Eric R Greene

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