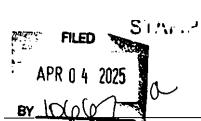


State of Rhode Island

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.									
. Entity ID Number 2. Exact name of the Corporation									
952	American Welding Company, Inc.								
Principal Office Address	City State Zi					Zip			
689 Hopkins Hill Road		West 0	Greenwich	RI		02817			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
339999	Welding								
State of Incorporation									
Rhode Island	d								
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
	Edward T. Greene, Jr.			Vice-President Name Eric R. Greene					
Street Address 689 Hopkins Hil	689 Hopkins Hill Road			Street Address 689 Hopkins Hill Road					
Cily West Greenwich	State RI	^{Zip} 02817	City West Greenwich		State	RI	^{Ζιρ} 02817		
Secretary Name Edward T. Gree	ene, Jr. Treasurer Name Eric R. Gre			^{Name} Eric R. Greene	ene				
Street Address same as above		Street Address same as above							
City	State	Zıp	City		State	-	Zıp		
8. List ALL directors (names and ad	and addresses) Check the box to indicate an attachment								
Director Name Eric R. Greene Director Name Edward T. Greene, Jr.									
same as above		Street Address same as above							
City	State	Zip	City		State		Zıp		
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		Žip		
9. Shares Authorized		10. Shares Issue	<u></u>	Check the box	to ind	icale an all	achment [7]		
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES	x to inq		PAR VALUE		
Department of State.		600		common		no par v	value		
Changes require an additional filing.		<u> </u>							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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					50.6	320bc			
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