

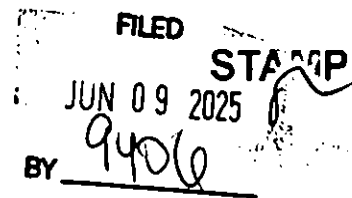


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000059579		2. Exact name of the Corporation BCW, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island social organization			
4. NAICS Code 813319					
6. Principal Office Address 42 Granite Street			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Grayson			Vice-President Name Paul Grube		
Street Address 44 Potter Hill Road			Street Address 6 Chestnut Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Chris Henderson			Treasurer Name Peter DelGuidice		
Street Address 3 Wheeler Drive			Street Address 22 Shell Drive		
City Pawcatuck	State CT	Zip 06379	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Broccolo			Director Name Robert Grayson		
Street Address 47 Apache Drive			Street Address 44 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Paul Grube			Director Name		
Street Address 6 Chestnut Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative				Date	
Signature of Officer/Authorized Representative				6/3/2025	

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov