

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Profit Corporation A	nnual Repo	ort for the year:	2016	2016 FUG 25	7M11:43
Filing period: January 1 - I	Viaron 1	FUIC DEDOCT DV			
Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE 1. Entity ID Number 2. Exact name of the Corporation					
44182	Bear	Hydraulic	is Inc		
3. Principal Office Address			City	State	Zip
45 Fullerton Rd			Warwick	RI	02886-14:
4. Business Phone Number	0.000		5. State of Incorporation		
401-732-5	832		RI		
6. Brief description of the cha	ss conducted in Rho	de Island	Island		
	Shop				
7. List ALL officers (names a	nd addresses)		Check the box to indicate an attachment		
President Name			Vice-President Name		
Vincent Cambardella Street Address			None		
30 Wentworth Que			Street Address		
Warwick	State 9	02889	City	State	Zip
Robert Gambardella			Treasurer Name		
Street Address			Thomas Gambardella Street Address		
12 Robert Circle			76 Will Cove Road		
notendot	State	02919	Warwick	State	Zip 0'2889
8. List ALL directors (names a	and addresses)		CI	heck the box to indica	
Director Name			Director Name		
Street Address			Circle Addi-		
S. S			Street Address		
City	State	Zip	City	State	Zip
		,		Otate	Zip
9. Shares Authorized			10. Shares Issued	Check box to indica	te an attachment
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of	record in the De	partment of State.			
Changes require an additional	filing.		10		No Par
11 This report must be execut	tod on behalf of	414 - 214 - 214 - 214 - 214 - 214			
11. This report must be execureceiver or trustee, this report	must be execute	ule corporation by ar	authorized represent	ative. If the corporation	n is in the hands of a
Under penalty of perjury, 1 o	eclare and affir	m that I have exam	ined this report incli	vei of trustee. Jding any accompan	ying schedules and
statements, and that all statements contained herein are true and correct. Name of Authorized Representative				Date	
Vincent 6	ambacc	lella		8/9/16	
Signature of Authorized Repre	sentative	SIGN DOCU	BACKITII		1, - W
7 meen X Vaul	jaralle	- 31GN DUCU	MENI HEKE		OA.
					41 -/-

Form No. 630 Revised: 2016

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