



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 120914		2. Name of Corporation WICKFORD MACHINE INC.			
3. Street Address Principal Business Office 125 STEAMBOAT AVENUE		City NORTH KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. (401) 295 - 8665		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO REPAIR MARINE METAL PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DONALD R. MASON		Vice President Name DONALD R. MASON			
Street Address 125 STEAMBOAT AVENUE		Street Address 125 STEAMBOAT AVENUE			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name DONALD R. MASON		Treasurer Name			
Street Address 125 STEAMBOAT AVENUE		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES					ISSUED SHARES — THIS SECTION MUST BE COMPLETED
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			1000	COMMON	NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

120914

File Date **FILED**

Check No. **APR 08 2008**

By **55075**

FOR SECRETARY OF STATE USE ONLY

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.

Signature **Donald R. Mason** Date **4/8/08**

DONALD R. MASON

Print or Type Name

PRESIDENT

Title