RI SOS Filing Number: 200809752320 Date: 03/13/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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.	2. Name of Corporation		
15243	O.J. Hanratty Machine, Inc.		
3. Street Address Principal Business Office	City	State	Zip
8 Hazel Street	Coventry	RI	02816
4. Business Phone No.	5. State of Incorporation		
828-1038	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island: General machine shop operation

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
O.J. Hanratty, Jr.	
Street Address: 109 Sand Hill Cove Road	Street Address
City: Narragansett; State: RI; Zip: 02822	City; State; Zip
Secretary Name: Nell A. Hanratty	Treasurer Name: Nell A. Hanratty
Street Address: 109 Sand Hill Cove Road	Street Address: 109 Sand Hill Cove Road
City: Narragansett; State: RI; Zip: 02822	City: Narragansett; State: RI; Zip: 02822

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
O.J. Hanratty, Jr.	Nell A. Hanratty
Street Address: 109 Sand Hill Cove Road	Street Address: 109 Sand Hill Cove Road
City: Narragansett; State: RI; Zip: 02822	City: Narragansett; State: RI; Zip: 02822
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	Common	None

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.

[redacted] [redacted]

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: Orrin J Hanratty Jr Date: 3-4-8

Print or Type Name: Orrin J Hanratty Jr

[redacted]

Title: Pres

File Date: FILED
Check No.: MAR 13 2008 DS9802
By:
FOR SECRETARY OF STATE USE ONLY

21534-9-247826

Form 630 Rev. 12/06