

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 OR PRINTED LEGIBLY IN BLACK INK.

2009

98017	2. Name of Corp MOTORS,	2. Name of Corporation MOTORS, HOISTS, & CONTROLS, INC.				
Street Address Principal Business Office 179 Railroad Street		City Woonsocket	State RI	^{Zip} 0 2895		
767-4658 Rhode Isl		5. State of Incorporation Rhode Island				
. Brief Description of the Chare SALE AND REPAIR OF	acter of Business Conduct MOTORS, CONT	ted in Rhode Island ROLS AND HOISTING EQU	IPMENT			
. NAMES AND ADDRES resident Name Ronald P. Mercier	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN S Vice President Name Vacant	SPACES BEFORE USING	ATTACHMENTS	
Street Address 102 Stoddard Drive			Street Address			
^{⊘itγ} North Attleboro	State MA	Zip	Ciţi	State	Zip	
Secretary Name Manuel Sousa			Treasurer Name Manuel Sousa			
Street Address 337 Holmes Road			Street Address 337 Holmes Road			
City North Attleboro	State MA	Zip	City North Attleboro	State MA	Zip	
B. NAMES AND ADDRES Director Name Manuel Sousa	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) TELL IN Director Name	N SPACES BEFORE USI	NG ATTACHMENTS	
ireet Address 337 Holmes Road			Street Address			
City	State	Zip	City	State	Zip	
North Attleboro Director Name	J.MA	I	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZE	ED .	ı		 ("X" BOX FOR ATTAC CTION <u>MUST</u> BE COMPLETE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100		NO PAR	
This report must be executive report must be executive.	cuted on behalf of t	he corporation by an authorize e corporation by the receiver	ed representative. If the cor trustee.	corporation is in the han	ds of a receiver or t	
					n that I have examined	

contained herein are true and correct. Signature Print or Type Name FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 08/08