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 2009

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			
98017	MOTORS, HOISTS, & CONTROLS, INC.			
3. Street Address Principal Business Office		City	State	Zip
179 Railroad Street		Woonsocket	RI	02895
4. Business Phone No.	5. State of Incorporation			
767-4658	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND REPAIR OF MOTORS, CONTROLS AND HOISTING EQUIPMENT

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

President Name			Vice President Name		
Ronald P. Mercier			Vacant		
Street Address			Street Address		
102 Stoddard Drive					
City	State	Zip	City	State	Zip
North Attleboro	MA				
Secretary Name			Treasurer Name		
Manuel Sousa			Manuel Sousa		
Street Address			Street Address		
337 Holmes Road			337 Holmes Road		
City	State	Zip	City	State	Zip
North Attleboro	MA		North Attleboro	MA	

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

Director Name			Director Name		
Manuel Sousa					
Street Address			Street Address		
337 Holmes Road					
City	State	Zip	City	State	Zip
North Attleboro	MA				
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		NO PAR

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.

Ronald P Mercier 1-29-09
Signature *Date*

RONALD P. MERCIER
Print or Type Name

PRESIDENT
Title

[redacted]

File Date 1-30-09
Check No. 5728
By: mnc

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